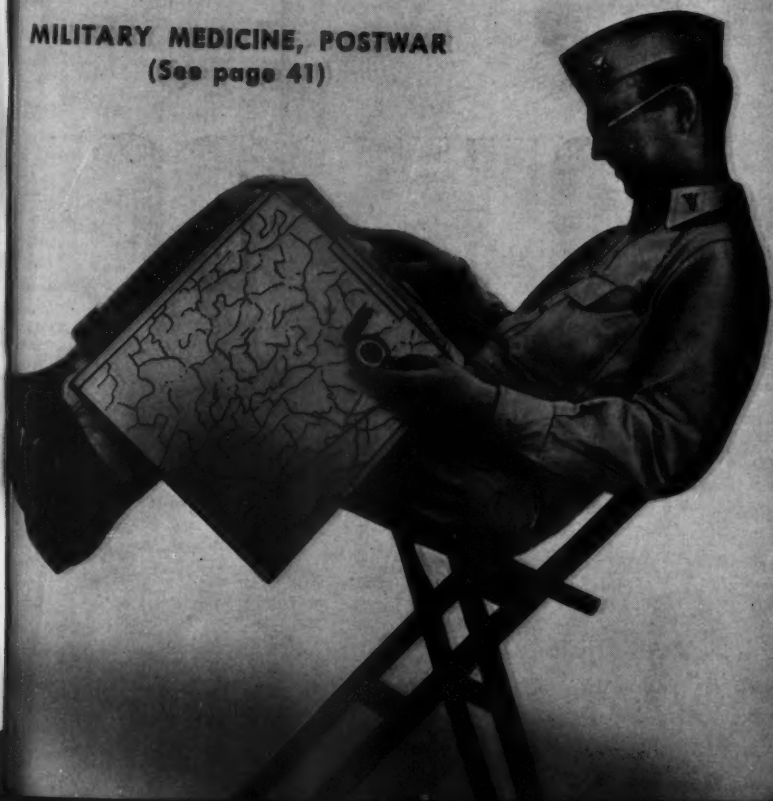



Medical Economics

JULY
1948

MILITARY MEDICINE, POSTWAR
(See page 41)



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NATURAL CONJUGATED ESTROGENS

Highly potent • Naturally occurring • Orally active
Well tolerated • Small dosage
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Medical Economics

THE BUSINESS MAGAZINE OF

THE MEDICAL PROFESSION



JULY 1945

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Cover photograph by
Maj. Ted F. Leigh, M.C., USA

CIRCULATION 107,000

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- This is one of the most remarkable offers we have ever made to physicians. It applies to every Reed & Carnrick parenteral, every package size, every unitage. Place an order with your dealer, or direct, for 3 multidose vials, or 3 boxes of ampula, of the same size and unitage, and you will receive another at no extra cost. For example, purchase 3 20-cc. vials Estrogenic Hormones, R & C, 10,000 I.U. per cc., and receive 1 20-cc. vial of the same unitage without extra cost (4 vials in all).
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A vacuum tube device to draw blood samples for serology and chemistry.

● To use the Vacutainer, one end of the double-pointed needle, or regular luer needle and adapter is inserted in the vein, the rubber cap punctured by the other point, and blood is drawn by vacuum into the glass Vacutainer tube. The plastic holder for needle and tube provides guidance and ease in handling. The sealed tube with its sample inside, protected from possible contamination or spillage, is ready for the laboratory.

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TODAY YOUR PATIENTS WILL ENJOY THIS SPARKLING SALINE LAXATIVE

Change of scenery, cheerful atmosphere, hydrotherapy and graduated exercise are, no doubt, important adjuncts of Spa treatment...highly desirable...but often unobtainable. Yet one feature, which made many a Spa famous, is within reach of all your patients—sparkling, carbonated, saline-laxative water.

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fully combined with other salts in pleasant-tasting SAL HEPATICA to create "Liquid Bulk" for effective cleansing of the intestinal tract.

For a gentle, more efficient laxative or thorough cathartic—direct your patients to dissolve SAL HEPATICA in a large glass (8 oz.) of water. Laxative Dose: 1 to 2 level tsps. Cathartic Dose: 4 level tsps.

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TO HELP FLUSH THE  **INTESTINAL TRACT**
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NOTES—PEDIATRICS—Iron-deficiency anemia

Stephenson* points out that the "ideal" preparation for treating the iron-deficiency anemias of infancy and childhood:—

1. Must be designed for oral administration.
2. Must contain inorganic iron.
3. Must be a liquid.
4. Must contain ferrous iron.

NB: FEOSOL ELIXIR—the standard form of iron therapy for the iron-deficiency anemias of infancy and childhood—meets these criteria. And, in addition, Feosol Elixir is so outstandingly palatable and so easily tolerated that it is acceptable to even the most difficult children—and adults, too.

- *Stephenson, R.: Hypochromic Anemia of Infants, Am. J. Dis. of Child., 55: 1141-1157, June, 1938.

FEOSOL ELIXIR

THE PALATABLE LIQUID IRON

How to avoid "reverses"

• Folding "reverses" by hand from loose plaster bandages is time-wasting, messy, unnecessary. You can avoid this task by using "Specialist"® Splints for cast reinforcement or molded splinting.

These ready-made splints can be used in place of "reverses" for all orthopedic techniques. No folding, no cutting. No pre-setting. Neat, light, strong, uniform in setting time. Sizes: 3" x 15"; 4" x 15"; 5" x 30".

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PLASTER-OF-PARIS
SPLINTS

- Hard-Coated
- Non-Dusting
- Quick-Saturating

Panorama

► From a high-ranking medical officer, stationed in Washington: The Army could do with 15,000 fewer medical officers if the remainder were properly distributed . . . Fifty-six per cent of nation's chemical and drug companies plan new postwar products, says Dun & Bradstreet . . . Surveys, Inc., polled Congress on question, "Do you favor socialized medicine?" Replies: Yes, 14.5 per cent; No, 81.9 per cent; No opinion, 3.6 per cent . . . While Army medical officers who have been returned from overseas may no longer be assigned to Veterans Administration duty, under an order of the Surgeon General, those already assigned to V.A. service foresee little prospect of immediate release, since they will be mustered out only on the basis of military necessity and their adjusted service records.

► Economy-minded Congress last month had before it the Veterans Administration's request for 72 new hospitals (26,772 beds), which, it said, would carry it through until Dec. 1947 . . . Mayor LaGuardia's New York Health Insurance Plan, scheduled to be in operation some time ago, is still deep in organizational planning . . . What do pediatricians do in the Army? A Minnesota physician reveals that of several he knows, one is a chief of medical service, another does dermatology, and a third is a dispensary officer . . . Before Senate Committee on Education and Labor last month was a bill of Senator William Langer (R., N. Dak.) authorizing bonus of \$500 for birth of baby to parents with one other child, \$750 to those with two, and \$1,000 to those with three or more . . . Meanwhile, House Military Affairs Committee was weighing bill of Herman P. Eberharter (D., Pa.), which would guarantee licensure in all states of honorably discharged medical officers.

► Rhode Island's state disability insurance program, long disabled itself, last month faced insolvency. Benefits had been persistently exceeding premiums . . . Likelihood is strong that first medical officers discharged for non-medical reasons will be faculty members of schools . . . Testifying before a House subcommittee weighing a dog-vaccination bill, Dr. Millicent Morden, Brooklyn physician, said veterinarians instigate rabies scares to promote vaccinations and sale of sera . . . N.Y. legislators have asked

"Of the drugs used for their analgesic effect, aspirin is probably the most useful and the least dangerous."

—Key, J. A.: The Treatment of Chronic Arthritis. Western J. Surg., Obstet. & Gyn., 52:385-396, (Sept.) 1944.

An improved method of prescribing acetylsalicylate is provided in—



Acetyl-Vess

An effervescent tablet producing a soluble salt of aspirin (8.5 grs.) buffered with sodium citrate (27 grs.). The buffer alkali mechanism, together with the CO₂ factor of the effervescent base, combine to

- Speed stomach emptying time
- Encourage rapid absorption
- Protect the analgesic—sodium acetylsalicylate—from breakdown in stomach
- Reduce tendency to gastric upset

Ethically promoted—available through your prescription pharmacy in bottles of 25 tablets.

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ELKHART, INDIANA, U. S. A.

Gov. Thomas Dewey to invoke state's anti-discrimination act against American College of Surgeons, which allegedly turned down application of a Negro surgeon with explanation that fellowships were not conferred on members of his race . . . New, face-fitting monogoggle of plastacele permits radiologists to precondition eyes for fluoroscopic work in thirty minutes, meanwhile hampering no work but the interpretation of films.

► New hospital in Berkeley, Calif., utilizing modern air-conditioning, illumination, and soundproofing, will have its operating rooms in basement . . . Morbidity during 1944 among prisoners of war taken by Americans was 10 per cent below that of U.S. Army personnel in this country . . . Dr. Henry E. Sigerist, Johns Hopkins, would open now-exclusive spas to "common people" who need balneotherapy. Baruch committee on physical medicine reports that only a few fashionable watering places still operate seriously as therapy centers . . . California's Governor Warren, in attempts to create compulsory health insurance system in that state, suffered final defeat of legislative session when Assembly voted against withdrawing his hospitalization plan from committee. Fellow-Republican, Speaker Charles W. Lyon, denounced the Governor and said that his activities in behalf of the legislation had made him "a lobbyist."

► Remarking that it was one of eight county societies to own its own home, Fulton County (Ga.) Medical Society recently asked its members to kick in \$30,000 to finish paying for it . . . Latest book-of-the-month club caters to "those interested in psychosomatic medicine, psychoanalysis, psychiatry, psychology, and allied fields" . . . Navy has commissioned more than 100 podiatrists, two of whom have reached grade of lieutenant-commander . . . A Chicago physician has installed Muzak (wired music) in his offices . . . Stressing vocational opportunity for women, Labor Department points out that 1,000 medical librarians on national roster in 1941 had increased to 4,000 in 1943.

► Nation's first four-year course in physiotherapy will be inaugurated in September by Ithaca (N.Y.) College . . . Sir Alexander Fleming foresees many new uses for penicillin, but adds it won't "take the place of good surgery" . . . \$500,000 fund for heart research is being planned by American Life Convention and Life Insurance Association, which together represent 200 insurance companies . . . One of the heaviest sentences ever handed out in a black market case (three years in prison and \$100,000 fine) was imposed on non-practicing Dr. Abraham Freitag, Brooklyn M.D., who diverted almost 3 million yards of bandage material into civilian production . . . Dr. Victor Johnson, secretary of AMA

Treating the Common Cold...

At the first sign of a cold, many physicians feel that treatment should include a mild, yet thorough laxative. Phillips' Milk of Magnesia provides mild laxation, and in addition is an effective antacid for gastric acidity.



Dosage:

As a gentle laxative
2 to 4 tablespoonfuls

As an antacid
1 to 4 teaspoonfuls or
1 to 4 tablets

PHILLIPS'

*Milk of
Magnesia*

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of Sterling Drug Inc.

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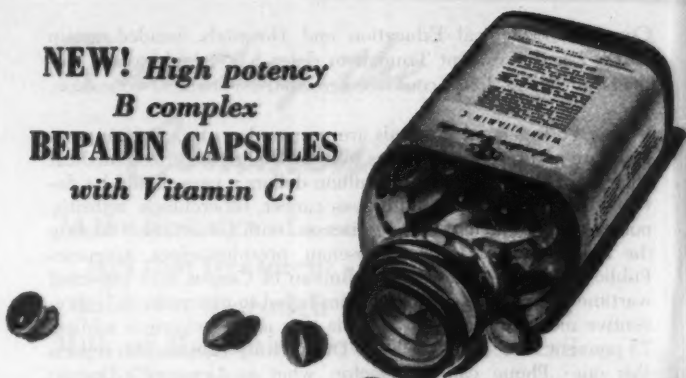
Council on Medical Education and Hospitals, headed group which asked President Truman to defer 8,000 high school students, of whom 4,500 could be screened for medical education.

► New York general hospitals are prepared, so far, to give post-graduate and refresher courses to some 400 demobilized medical officers . . . Another hundred million dollars a year should be devoted to research in mental illness, cancer, tuberculosis, arthritis, polio, and cardiac and kidney diseases, with Government footing the bill, says Dr. Milton J. Rosenau, president-elect, American Public Health Association . . . Bureau of Census says expected wartime rise in tuberculosis rate has failed to materialize . . . Preventive measures have cut malaria rate among overseas soldiers 75 per cent since 1943 peak . . . Dr. J. Philip Edmundson reports this one: Phone caller: "Doctor, what is Urestrin?" Doctor: "Who's this calling?" P.C.: "Oh, you wouldn't know me—I'm a stranger." Dr.: "Well, if your doctor has ordered Urestrin for you, why don't you ask *him* what it is?" P.C.: "Oh, he's much too busy to talk over the telephone."

► Senate hearings on Ellender bill, which would defer medical students and direct services to assign qualified men to medical schools, developed into controversy between Columbia's Dr. Willard Rappleye and the rest of the nation's medical schools. Dr. Rappleye, holding that reduced student supply won't affect future supply of doctors, opposed bill. Said JAMA: "Action of Dr. Rappleye can be characterized as one of reckless irresponsibility" . . . Dorothy Dunbar Bromley, columnist, says that epidemic of drinking among veterans in Walter Reed Hospital has been brought under control, but that the emotional tension that caused it has not . . . Surgeon General Norman T. Kirk, Army: "No medical department personnel will be released immediately, although some may be discharged by the end of this year" . . . Metropolitan Life sees conquest of tuberculosis in its "final phase" . . . Continental Casualty, Chicago, has started writing hospitalization insurance for persons to age 80.

► Educators are becoming more and more concerned about mushrooming of fake colleges, which aim to clip veterans of \$500 educational grant under G.I. bill . . . Director of Queens County (N.Y.) blood bank, Edward J. Madden, thinks that every American should be required to carry card showing blood type and Rh factor, in case of emergency . . . Florida legislature last month pondered bill authorizing establishment of medical school at state university . . . Norfolk (Mass.) Medical News "astonished" at state society's "negative attitude and lack of constructive purpose relations," demands that "it become militant, constructive force."

**NEW! High potency
B complex
BEPADIN CAPSULES
with Vitamin C!**



LOOK FOR THIS NEW 2-COLOR CAPSULE

A LITTLE OVER A YEAR AGO Bepadin Capsules I. V. C. were introduced. That they represented a real improvement in high potency Vitamin B complex therapy is proven by the alacrity with which the medical profession has prescribed them!

NOW, VITAMIN C HAS BEEN ADDED—75 mg. per Bepadin capsule plus higher quantities of the B complex factors!

Bepadin Capsules with C, I. V. C. contain two of the most important sources of the complete natural Vitamin B complex, contained in liver concentrate and yeast. In addition each capsule contains Vitamin B₁ (2 mg. Thiamine HCL); Vitamin B₂ (G) (3 mg. Riboflavin); PP (20 mg. Niacin Amide), Vitamin B₆ (0.333 mg. Pyridoxine HCL); FF (0.250 mg. Pantothenic Acid)

Bepadin Capsules

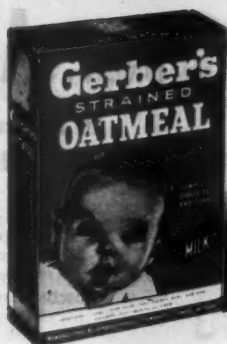
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WITH VITAMIN C



INTERNATIONAL VITAMIN CORPORATION

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MUST A GOOD OATMEAL CEREAL FOR BABIES BE HIGH-PRICED?

"Baby cereals of high nutritional value priced within the reach of every mother," that is the policy pioneered by the Gerber Products Company—a policy that has won the commendation of many physicians and nutritionists.

Gerber's Strained Oatmeal, as the table below shows, is rich in added iron and thiamine (derived from natural sources).

Gerber's Strained Oatmeal mixes to a smooth, uniform texture, is pleasant tasting. It has very low crude fibre content which makes it suitable as a starting cereal for infants. Pre-cooked, dried, flaked—it is ready-to-serve with the addition of milk or formula.

Many physicians have found that serving Gerber's Strained Oatmeal, alternating with Gerber's Cereal Food helps baby eat better by avoiding monotony. Gerber's Strained Oatmeal is especially useful in cases where a wheat allergy is indicated.

*IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

	Thiamine mg.	Iron mg.
National Research Council recommended allowance for infants.....	0.40	6.0
One ounce Gerber's Strained Oatmeal.....	0.42	12.3
(Gerber's Strained Oatmeal: 109 Calories per ounce.)		



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Gentlemen: Kindly send a complimentary sample of
Gerber's Strained Oatmeal and a Professional Refer-
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3 TREATMENTS IN ONE... ARGYROL

in mucous membrane infection



In treating mucous membrane infection today the physician can achieve . . . by use of this one medication . . . ARGYROL . . . three important results.

DECONGESTIVE— ARGYROL's decongestive effect in the membrane is the result of its demulcent, osmotic action. The withdrawal of ARGYROL tampons from the post-nasal cavities frequently brings forth a long ropy mucous discharge measuring as much as two feet or more.

BACTERIOSTATIC— Although proved to be definitely bacteriostatic, ARGYROL is non-toxic to tissue. In nearly a half century of wide medical use of ARGYROL, no case of toxicity, irritation, injury to cilia or pulmonary complication in human beings has ever been reported.

STIMULATING— Soothing to nerve ends in the membrane and stimulating to glands, ARGYROL's action is more than surface action. For it acts synergetically with the membrane's own deep-seated, defense mechanism.

NEVER DUPLICATED CHEMICALLY OR IN CLINICAL ACCEPTANCE

Solutions of mild silver protein similar in appearance to ARGYROL are chemically different. Different in degree of colloidal dispersion, in size of particles and in Brownian movement viewed under the ultra-microscope. In ARGYROL, unlike other mild silver proteins, and regardless of the concentration of the solution employed, the pH remains constant and the pAg is properly correlated. Unlike most mild silver proteins, ARGYROL remains equally bland and non-irritating in all concentrations from 1 per cent to 50 per cent. Insist on ORIGINAL PACKAGE ARGYROL.



ARGYROL

THE PHYSIOLOGIC ANTISEPTIC
WITH SYNERGETIC ACTION . . .

Made only by the A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.

ARGYROL is a registered trademark, the property of A. C. Barnes Company

Speaking Frankly

Yoke

Albert Deutsch, the medical Federalist, exposes and condemns the faults in the Veterans Administration medical program, but declines to regard it as a fair example of socialized medicine.

Let Mr. Deutsch examine other samples. The same evils exist in the armed services. The administrators—not the skilled men who do the work—have the high rank and the softest, safest jobs. The medical officers are constantly beset and burdened by paper work. They are frequently poorly assigned. They must often yield their experienced judgment to the dictates of those with more “brass.” Close contact with patients is impossible because of changes in assignment, etc.

True, the quality of medicine in the military forces is high, but simply because the work is done by men who are essentially civilians and who accept the multiple disadvantages of military practice because there is a war to be won.

Only the misfits of medicine who seek second-rate security and a pension would be willing to shoulder the yoke of a Government-controlled health program.

Medical Officer, Florida

Many people assume that Federal medicine would harm the doctor more than the patient, and that the profession is against such con-

trol because it wants to save its own skin. Actually, it's the public that would suffer most. Doctors would get along. They'd have less work to do and would practice a lower grade of medicine.

M.D., Connecticut

Stuffed

1. The AMA should discourage the “stuffing” of hospital beds with patients who can be nursed in their homes.

2. Too many odd or unusual cases are being admitted for the investigative purposes of the professors.

3. Something should be done about the Blue Cross filling our hospitals with neurotics and vacationers.

M.D., Tennessee

Tinker

There have been many times in my career when I yearned to put aside all my patients and get into a laboratory to try out some pet theory. At other times problems have arisen which I felt should be subjected to experimentation.

Why should it not be possible for a physician to have access to special facilities in a hospital, where he could “tinker” without disturbing the regular routine of the hospital laboratory? Many a physician's office is inadequate for experimentation, and the facilities offered by a

[Continued on page 18]

Safety of

The tremendous number of cases of arthritis, published and unpublished, treated with Ertron, testify as to its safety in clinical practice.

Occasionally symptoms of over-dosage present themselves, but these are usually of a mild nature and are promptly alleviated on lowering the dosage. Usually the dosage may be gradually increased until the optimum level is again being employed.

The safety of Ertron is one of the important factors distinguishing it from products containing toxic sterols.

The Whittier Process of electrical acti-

vation of vaporized ergosterol, together with careful laboratory control, assure a uniform product of uniform safety and therapeutic efficacy.

Ertron alone—and no other product—contains electrically activated vaporized ergosterol (Whittier Process).

ERTRONIZE THE ARTHRITIS

Ertronize Means: Employ Ertron in adequate daily dosage over a sufficient long period to produce optimal results. Gradually increase the dosage to the recommended or to the toleration level. Maintain this dosage until maximum improvement occurs.

*Supplied in bottles of 50, 100 and 500 capsules
Parenteral for Supplementary Intramuscular Injection*

ETHICALLY PROMOTED

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Views of the left hand of a female, arched, aged 52 years; illustrating an advanced case of rheumatoid arthritis; duration of disease, 10 years; occupation, typist.

In addition to the marked deformities present, the subnutritional state of the body tissues is well shown by the dry, shiny

of ERTRON in Arthritis

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male orchment-like skin with almost complete
absence of the palmar lines. The terminal
phalanges show a reddish discoloration of
the ulnar surface. Certain of the joints are
swollen and discolored, a result of early
periarticular inflammation and then sec-
ondary growth of fibrous tissue. General
skin involvement: feet, ankles, knees and elbows.





AGAINST SALICYLATE INTOLERANCE

By "insulation" with protective alkalis it is possible to effect rapid salicylization with a very minimum of gastric upset. Meriting your prescription, therefore, is the well-balanced, well-tolerated—

ALYSINE

Brand of Natural Salicylate and Alkaline Salts

The salicylates used in Alysine are guaranteed *natural*, and are combined in 1:2 ratio with selected alkaline salts.

Elixir Alysine is supplied in 4-ounce, pint and gallon bottles; Alysine Powder in 1-ounce, 4-ounce and pound bottles.

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MERRELL

THE W. H. J. MERRELL COMPANY

ANN ARBOR, MICH.

hospital would be of marked value to such a man. Many of us have latent ideas which, through lack of facilities to work them out, are forgotten—and do no one any good.

Why not set aside a room in a hospital which physicians in the vicinity could outfit with their idle instruments and equipment? Then each could use the pooled facilities for his experiments, and not disturb hospital routine. Interested parties could get together for consultation or mutual assistance.

Who knows but that some great medical discovery might be worked out in such a laboratory—a discovery that was once only an idea but "found a place to work"?

J. K. Rosemark, M.D.
West Acton, Mass.

Playtime

What the doctor needs—not only today but in peacetime as well—is some opportunity for leisure. This is an important reason, in my opinion, for modifying the form in which medicine is now practiced.

M.D., Oregon

Pressure

The unhappy experience of the physician's wife who tried to collect her husband's accounts while he was in service leads me to believe that she waited too long—two years—before getting started. When her husband joined up she should have immediately sent out a general letter, calling attention to that fact and requesting cooperation in bringing open accounts up to date. Then she could have followed up with semi-monthly statements for a few months, accompanied by increasingly urgent requests for payment. *[Continued on page 22]*



**Patients (or doctors)
bedeviled by the caffeine
in coffee**

**can drink delectable
caffeine-free Sanka Coffee—
and sleep like angels!**



SANKA COFFEE
all coffee—real coffee—
grand coffee
97% caffeine-free

**A PRODUCT OF
GENERAL FOODS**



**FACTORS
CAUSING EXCESSIVE
UTERINE BLEEDING**

Endocrine Disorders
Endometriosis
Endometriitis
Chronic Subinvolution
of the Uterus
Retained Placental
Tissue
Uterine Cancer
Myometrial Ulcer
Ovarian Tumors
Salpingitis
Pelvic Tumors
Trauma

**BLOOD
LOSS**

**HYPO-
CHROMIC
ANEMIA**

Anorexia
and
Hypochlorhydria

Nutritional
Deficiencies of
Vitamins, Minerals

Impaired
Hemoglobin
Formation

MENSTRUAL ABERRATIONS AND ANEMIA

Among the foremost causes of secondary anemia in women are the frequently occurring menstrual aberrations which increase the volume of uterine bleeding. The resulting depression of the hemoglobin level is usually associated with reduction of gastric acidity, loss of appetite, lack of stamina, and of the sense of well-being. These conditions impair the intake, absorption and utilization of the essential blood-forming substances at a time when their requirements are increased. Thus the severity of the

anemic state is increased by the lack of iron and the vitamins which aid in its utilization, and in turn the anemia accentuates the anorexia.

Heptuna has proved effective in correcting the entire anemia syndrome because it provides not only an adequate amount of readily utilizable iron, but also the fat-soluble vitamins A and D, and the particularly needed B complex vitamins (partly derived from liver extract and yeast)—factors known to be important in the maintenance of normal blood levels and for optimal health.

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Each Capsule Contains:

Ferrous Sulfate.....	4.5 grains
Vitamin A.....	5000 U.S.P. Units
Vitamin B ₁ (1 mg.).....	333 U.S.P. Units
Vitamin D.....	500 U.S.P. Units
Vitamin G (0.50 mg.).....	500 micrograms
together with liver concentrate (vitamin fraction), derived from 4 grams of fresh liver, and dried brewers' yeast.	



Heptuna

a ROERIG Preparation

Guard against burn infection with petrolatum

Modern burn treatment^{1,2}. . . born of experience with war burns and civilian disasters . . . now assumes all burns may be contaminated . . . may become infected.

To prevent new organisms of infection arriving on the burn surface, prompt covering treatment is recognized as a necessary early step in burn treatment . . .

'VASELINE' PETROLEUM JELLY
is the world's leading brand of
PETROLATUM U.S.P.

(with plasma, and chemotherapy by mouth or intravenously). This protective covering dressing should be non-irritating, non-adherent and impervious to invasive organisms.

Petrolatum dressings that are prepared with 'Vaseline' Petroleum Jelly provide an effective, accessible covering measure against infection . . . against pain from exposed nerve endings.

They help eliminate the necessity for frequent and disturbing changes of dressing . . . make possible the "rest" needed by the burn for optimal healing conditions.

'Vaseline' Petroleum Jelly is available in jars and tubes. 'Vaseline' Borated Petroleum Jelly in tubes only.



1. J.A.M.A. 125:612-616 (July 1) 1944
2. J.A.M.A. 125:536-543 (June 24) 1944

Vaseline
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IN

HAY FEVER



A single drop of *Estivin* in each eye relieves the troublesome symptoms that usually harasses the hay fever patient. The pollen sensitive membranes of the eyes and nose are promptly and effectively soothed upon the administration of *ESTIVIN*.

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Secretary, Nebraska

Meetings

My "pet peeve" at county medical society meetings is the so-called discussant. Often, he has been given no inkling of what the speaker is to say; so he prepares another short paper on the same subject—adding nothing to the principal essay. Sometimes he prepares nothing at all—and is a poor speaker to boot. Not infrequently he has been assigned the job solely because he happens to practice in the same field as the speaker.

M.D., West Virginia

Too much time is spent at medical meetings in long-winded talk about the business of the society. Routine business details should be handled by the society's officers, leaving only the occasional important issue for general discussion.

M.D., Utah

I'd like papers dealing less with theory and more with treatment—especially treatment which can be given in the home.

L. Williams, M.D.
Rainelle, W.Va.

Babble

Loose talk is the greatest cause of friction among doctors. It isn't necessarily vicious—just results from lack of tongue control. My advice is, don't listen to gossips' tales, or

[Continued on page 28]



"Acetylsalicylic acid continues to be the safest and generally the most effective analgesic drug."

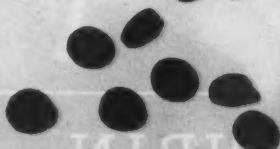
Journal A. M. A.,
July 25, 1942, p. 1063.



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Supplied in bottles of
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Can an antacid which provokes an acid rebound be considered anti-acid in effect? It is a debatable question—but of little concern to physicians who prescribe Trisidonna "Rorer." Trisidonna's up-to-the-minute, rational formula quickly reduces excess acidity, and provides a prolonged antacid action which reacts no further than neutral.

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TRISIDONNA TABLETS

(Magnesium trisilicate, 7 1/2 gr., activated charcoal, 1 gr.
Ext. Belladonna, 1-12 gr.)

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RORER

35 YEARS OF PAINSTAKING SCIENTIFIC CARE TO INSURE DEPENDABILITY

consider
these

"PLUS

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the importance of

FACTORS"

burn therapy

Although readily adapted to the same treatment methods—pressure dressings, for example—as apply to bland ointments, the product

FOILLE

is so chemically constituted as to provide these vital "Plus Factors"—

- (a) Consistently avoids sepsis
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FOILLE EMULSION. 5 gallons, gallons, quarts, pints, 4-oz., 2-oz. bottles.

FOILLE OINTMENT. Stable, petrolatum-vegetable oil base—6-pound, 1-pound jars.

Write to us for sample of New Foille Ointment

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MULTIPLE RELIEF FOR SKIN LESIONS

CAMPHO- PHENIQUE

(Phenol 4.75% Camphor 10.85%
in an Aromatic Mineral Oil Base)

**combines Analgesic,
Antipruritic, and
Antiseptic properties**

For effective relief of the infinite variety of minor skin irritations and injuries requiring treatment, many Doctors have for years used and prescribed Campho-Phenique Liquid Antiseptic Dressing. It works as a mild surface anesthetic to relieve itching and pain, combats swelling and secondary infection associated with

Eczema • Urticaria • Intertrigo

Athlete's Foot • Pruritus

Impetigo • Herpes

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CAMPHO-PHENIQUE
Monticello, Illinois

Please send me a free bottle
of Campho-Phenique Liquid
Antiseptic Dressing.



Name.....

Address.....

City..... State.....

if you must listen, don't repeat them. There is a deplorable tendency to highlight the other fellow's mistakes.

Remember, it can happen to you, too.

M.D., New York

Limb

I have been suffering from "the closed hospital system" since my graduation in 1912. Because of poverty, I could interne only six months in a Cleveland hospital. I therefore lost the chance later to be on its visiting staff. As a G.P., I am out on a limb—and a number of returning medical officers may find themselves out on one too.

M.D., Ohio

Sabbatical

I find I can practice more efficiently and get more out of life by taking one day off a week (come what may) than by working all seven and taking a month's vacation once a year. The latter way, you have to turn your practice over to another man and make a lot of elaborate arrangements. Conflicts engendered by my Wednesday-off plan have been negligible compared with the benefits to my health and nerves.

M.D., New Jersey

Signpost

The reports based on the Fifth MEDICAL ECONOMICS Survey are indeed interesting. I read the results of one of your earlier surveys while serving my internship, and on it I based my decision to locate in the state of Washington. I had lived there a short time before going to college and was familiar with the

[Continued on page 30]

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THE COMPLETE SPECIALISTS' DIAGNOSTIC SET

16 Exclusive Features!

National Diagnostic Sets are designed with but one thought in mind—that they shall be the finest and most complete that money can buy.

Life-time guarantee on Battery Handle casing against breakage under normal use. The tough, impact-resistant plastic coating molded over metal tubing assures rigidity and strength, plus a finish which will not chip, peel or crack.

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SCHEDULE...

Working at an accelerated pace, with their daily routine disrupted, more people than ever ignore the urge to evacuate, thereby increasing the incidence of constipation. 'AGAROL'* Emulsion provides deft and almost effortless supplementation to the finely balanced mechanism of normal evacuation. This smooth, palatable, free-flowing emulsion is geared to cooperate with natural physiological processes and to help reestablish a regular schedule of bowel movements...by retaining moisture in the stool, by supplying lubrication, and by mild stimulation of peristalsis. Bottles of 6, 10, and 16 fluidounces.

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'AGAROL' Emulsion of Mineral Oil and an Agar-Gel with Phenolphthalein

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A CARLOAD OF IRON!



A carload of ingot iron is commonplace; but one doesn't often see a carload of therapeutic iron.

The car pictured above contains no less than FORTY MILLION FEOSOL TABLETS, just one of our shipments to the U. S. Army.

★ ★ ★ ★

Feosol Tablets—long recognized as the standard form of iron therapy—provide maximum effectiveness at minimum cost.

FEOSOL TABLETS

For iron-deficiency anemia

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PRURITUS

...due to Insect Bites
by Poisoning • Sunburn
Localized Vesicular Areas



CALAMATUM

(NASON'S)

affords immediate relief for the itching and discomfort of skin affections prevalent during the summer months. It is a *cream* embodying Calamine with Zinc Oxide and Campho-Phenol in a non-greasy base. CALAMATUM dries at once, adhering to the lesion and thus localizing the infection by preventing spread of any exudate. By alleviating itching with consequent desire for relief by scratching, it reduces the dangers of secondary infection.

WON'T RUB OFF

Easy application without messy liquids and embarrassing bandages, and the handy tube instead of a fragile bottle of lotion encourage applications at any time. In 2-oz. tubes at druggist or direct.

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salubrious climate. But MEDICAL ECONOMICS showed the greatest need to be there, as well as the greatest likelihood for success.

I have now been in practice in the state for seven years. I see from twenty to fifty patients daily in a general practice made up of all types of people. I am in the office from 1 to 6 P.M. daily—except on Thursdays and Saturdays, when I am there from 10:30 to 2—with mornings free for surgery, hospital rounds, and house calls. My gross income is \$30,000; net \$18,000.

Your survey, as well as my own experience, shows that from a financial standpoint I selected the *best* location in the United States. I shall always be glad I studied the data you published.

M.D., Washington

Respect

More mutual respect and cooperation between physicians and dentists? Here's a recent experience: I consulted an oral specialist who told me it was absolutely necessary that I obtain new plates—both upper and lower—because my present ones had worn the jawbone so thin that a fracture was imminent. Price? Between \$250 and \$800.

Actually, the only thing wrong with my plates was that they needed relining.

M.D., Texas

THE AUTHOR of the article, "Simple Rules Forestall Errors in Compensation Practice" (Feb. 1945 MEDICAL ECONOMICS), neglected to credit Dr. R. T. Johnstone for material from the latter's book, "Occupational Diseases." An apology is extended to Dr. Johnstone for this oversight.

BIOLOGICALS, BIOCHEMICALS, PHARMACEUTICALS FOR THE MEDICAL PROFESSION

NATIONAL
DRUG COMPANY



HANDS THAT TELL A STORY...

IN ARTHRITIS, subjective relief is the immediate goal, with prevention of further joint damage the long range objective.

Comroe's report of a controlled study¹ on sulfur therapy in arthritis states, "Several of these patients noted such marked relief of pain following the intramuscular injections, that repeated courses of treatment were demanded by the patient." Actually 20% with rheumatoid arthritis showed marked improvements, joint swellings disappeared and mobility of joints increased. In 30% there was definite objective improvement; another 30% noted marked to moderate subjective improvement.

Sulphocol, one of the parenteral forms of colloidal sulfur used in this study, offers all the advantages of colloidal sulfur therapy and in addition improves the general defensive mechanism of the body. Its safety has been amply proved. Write for professional literature. The National Drug Co., Phila. 44, Pa.

1. Comroe, B. L.: *Medicine* 18:308, 1938.



AVAILABLE:

For oral use: Sulphocol 5 grain capsules, bottles of 100.

For parenteral use: Sulphocol Sol 25 cc. vials, 12-2 cc. vials.

Sulphocol
(COLLOIDAL SULFUR COMPOUND)





relief from pain



Minor neuralgia, simple headache, regular menstrual pains, are relieved quickly by Anacin.

That's the result of Anacin's skilful combination of three medically proven analgesic agents. Anacin is available in your hospital pharmacy or neighborhood drug store.

ANACIN

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*When the pressure is low—
the circulation slackens*

In chronic hypotension or states of circulatory deficiency associated with convalescence, mild collapse, and other asthenic states, Sympatol provides convenient symptomatic therapy. Orally effective, Sympatol improves the peripheral circulation by raising systolic and venous pressure and increasing cardiac output. Circulation time is shortened although the pulse rate is frequently slowed.

Sympatol

To Improve Peripheral Circulation

THERAPEUTIC APPRAISAL:

A synthetic pressor drug—paramethylaminoethanolphenol tartrate—for providing safe circulatory stimulation. Sympatol, on oral administration, increases venous and systolic pressures significantly, diastolic pressure only slightly, with little or no effect on the central nervous system. Repeated doses are consistently and uniformly effective.

INDICATED for symptomatic treatment of circulatory



atony—to improve peripheral circulation; to increase cardiac output and shorten circulation time; to increase cardiac efficiency.

DOSAGE: Adults—1 to 3 tablets three times daily, or 1 to 2 cc. of solution every four to six hours. Children—5 to 20 minims of solution repeated as required.

SUPPLIED in 100 mg. tablets, bottles of 50; 10% solution (100 mg. per cc.) for oral use bottles of 50 cc.

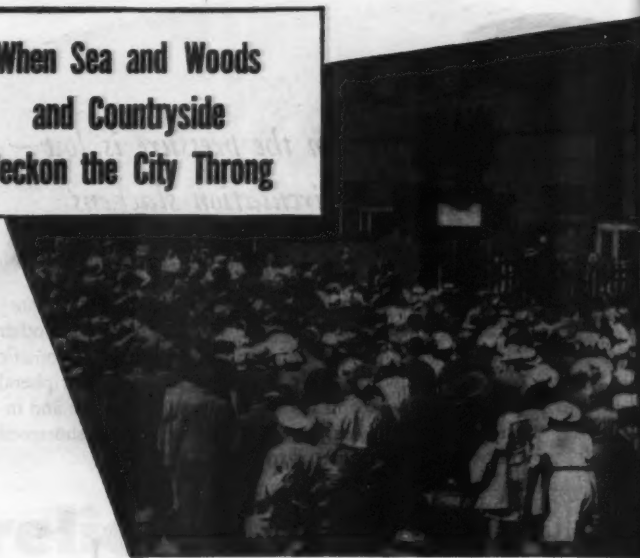
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Trade-Mark Registered Reg. U.S. Pat. Off.

When Sea and Woods and Countryside Beckon the City Throng



THE irresistible lure of the great outdoors, beckoning the urban dweller, is so often fraught with minor hazards and pitfalls, and usually followed by days or weeks of intense physical discomfort. Ivy, oak, and other plant dermatitides, urticaria from allergic reaction to spoiled food, and exacerbation of quiescent skin lesions, caused by heat, perspiration and tissue maceration, all lead to intense itching. The pruritus may be so distracting as to more than nullify the benefits of the vacation itself. In these typical summer ailments, Calmitol is specifically indicated. Its dependable antipruritic action quickly controls the torment of itching, and overcomes the desire to scratch. Regardless of underlying cause, pruritus stops when Calmitol is used. A single application is effective for hours, hence only infrequent use is needed to maintain continued relief.

The active ingredients of Calmitol are camphorated chloral, menthol and hyosciamine oleate in an alcohol-chloroform-other vehicle. Calmitol Ointment contains 10 per cent Calmitol in a lanolin-petrolatum base. Calmitol stops itching by direct action upon cutaneous receptor organs and nerve endings, preventing the further transmission of offending impulses. The ointment is bland and non-irritating, hence can be used on any skin or mucous membrane surface. The liquid should be applied only to unbroken skin areas.

Thos. Looming & Co. Inc.

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CALMITOL
THE DEPENDABLE ANTI-PRURITIC

Editorial

Bill in Sheep's Clothing

Propos of the new Wagner-Murray-Dingell bill is the warning that things are not always what they seem." Although the measure is as thoroughly un-American and unacceptable as its predecessor was, infinite pains have been taken to disguise that fact.

Mr. Wagner lays careful stress, for example, on the "free choice" of physician which his bill promises the patient. Actually, choice would be limited to participating doctors; and many of the best men would probably not be participants.

The measure offers practitioners their choice of payment on a fee, capitation, or salary basis. But they have no assurance that this choice would be preserved. The trustees of the system (none of them physicians; all currently left-wingers) are accorded such sweeping powers by the bill that to maneuver participating doctors out of the fee method of payment into a salaried status would be no trick at all.

Some objections to the old Wagner-Murray-Dingell bill are admittedly lacking in the new one. Some constructive features have been added. But these, for the most part, concern details of the legislation. *All the fundamental defects remain.*

The framers of the super-social security bill make it appear that the

additional cost burden of expanded benefits would rest equally on employers and employees. But those who count on this are due for a shock. Employers generally would carry on at the existing rate, paying 4 per cent on wages up to \$3,600—the same rate paid now for unemployment and old-age benefits on wages to \$3,000. Employees, on the other hand, would be taxed 4 per cent on wages to \$3,600 or *four times* the existing 1 per cent on wages to \$3,000.

Self-employed persons—*e.g.*, physicians—would find their incomes slashed even more drastically. Ineligible for unemployment and temporary disability insurance, they would still be taxed 5 per cent for the other benefits.

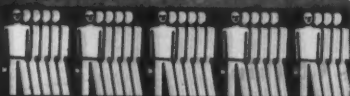
Unprecedented as these tax rates seem, they are but forerunners of higher ones to come. The cue to the *ultimate* cost of the Wagner-Murray-Dingell program is found in the prospect of either (1) increased individual contributions or (2) Federal contributions from general revenues or (3) both.

The bill's chances of passage this year are slight. Odds are higher on enactment in 1946. Meanwhile, for the counter-offensive, an informed profession is a "must."

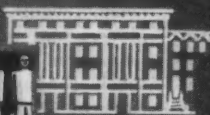
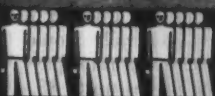
—H. SHERIDAN BAKETEL, M.D.



HOME



COMMERCIAL OFFICE BUILDING



PROFESSIONAL OFFICE BUILDING



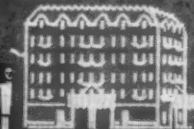
APARTMENT HOUSE



HOSPITAL



STORE BUILDING



HOTEL

PERCENTAGES OF PHYSICIANS WHO OCCUPY VARIOUS TYPES OF OFFICES

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Types of Offices Preferred by U.S. Physicians

*Fifth MEDICAL ECONOMICS Survey
shows no place like home*



Two-fifths of American physicians* had their professional offices in their homes in 1943. Another two-fifths (see drawing) were located in commercial or professional office buildings. The remaining one-fifth had their offices in apartment houses, store buildings, hospitals, or hotels.

As might be expected, most physicians in rural communities preferred home-offices (see Table I, page following). But in towns of from 10,000 to 25,000 about half had quarters in other types of buildings. Thereafter, the proportion of home-offices dwindled as communities grew in size—except in the very largest cities, where the percentage increased slightly.

Professional buildings were immensely popular on the West Coast, least so in the congested Middle Atlantic states. Middle Atlantic doctors were most partial to apartment buildings, utilizing these to a far greater extent than in any other section. Only a negligible percentage of physicians anywhere had quarters in hotels. Hospital-offices were relatively more popular.

Average size of medical suite, for the entire country, was 4.9 rooms.

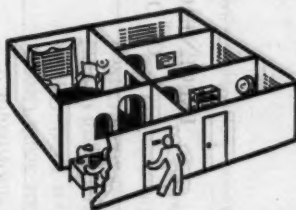
*Active, civilian, non-salaried physicians (i.e., those who derived less than 50 per cent of their incomes from salaries).

The effect of patient load on office size was as follows:

Patients	Rooms
Under 11	3.5
11-20	4.4
21-30	5.6
31-40	5.9
Over 40	7.0

Note that a man who saw four times as many patients as another, had an office only twice as large to accommodate them.

These facts—and others reported elsewhere in this issue—have been distilled from returns made in the Fifth MEDICAL ECONOMICS Survey. Each of the 109,000 copies of the March 1944 issue contained a postcard inviting information on thirty-



**Average doctor's suite
had 4.9 rooms in 1943**

Table 1

PERCENTAGES OF PHYSICIANS* WHO OCCUPIED VARIOUS TYPES
OF OFFICES, ACCORDING TO COMMUNITY SIZE, 1943

	Home	Professional Building	Office Building	Apartment Building	Store Building	Hospital	Hotel
All populations	42.9	15.7	23.7	9.8	3.5	3.8 . . . .	.6
Under 3,000	77.0	1.4	10.3	1.4	5.3	3.5	1.1
3,000 to 4,999	69.0	3.4	13.1	1.4	6.9	5.5 . . . .	.7
5,000 to 9,999	60.4	3.2	19.4	4.0	6.3	6.3 . . . .	.4
10,000 to 24,999	49.1	7.6	25.7	2.9	6.8	7.1 . . . .	.8
25,000 to 49,999	37.6	11.8	33.5	5.7	4.5	6.5 . . . .	.4
50,000 to 99,999	33.6	15.6	38.9	6.1	1.9	3.9 . . . .	.0
100,000 to 499,999	30.9	32.9	26.8	6.5	1.0	1.7 . . . .	.2
500,000 to 999,999	26.9	32.2	27.9	6.5	2.5	3.5 . . . .	.5
1,000,000 and over	32.4	16.8	17.7	28.7	1.8	1.4	1.2

Table 2

PERCENTAGES OF PHYSICIANS* WHO OCCUPIED VARIOUS TYPES
OF OFFICES, ACCORDING TO GEOGRAPHIC AREA, 1943

	Home	Professional Building	Office Building	Apartment Building	Store Building	Hospital	Hotel
All areas	42.9	15.7	23.7	9.8	3.5	3.8	.6
New England	60.0	14.0	16.0	7.4	.8	.8	.8
Middle Atlantic	57.6	8.1	8.6	23.2	.7	1.4	.4
South Atlantic	39.4	23.2	18.1	6.7	3.9	8.3	.4
East South Central	37.1	8.2	25.8	4.1	7.2	15.5	2.1
East North Central	35.6	13.1	38.8	4.3	5.2	2.7	.3
West North Central	32.4	17.3	35.3	1.3	9.0	3.7	1.0
West South Central	30.9	20.8	32.9	.7	5.3	9.4	.0
Mountain	28.3	19.4	41.6	1.8	.9	7.1	.9
Pacific	22.0	41.1	26.3	1.7	4.7	3.4	.8

*Active, civilian, non-salaried physicians (i.e., those who derived less than 50 per cent of their incomes from salaries).

five questions relating to the business side of the doctor's practice in 1943.

More than 5,000 of these cards, filled in and returned, have been coded, machine-sorted, and tabulated. Previous articles, based on these returns, have dealt with such

topics as the physician's income, the number of patients he sees daily, his investment in equipment, professional expenses, vacations, etc.

Future ones will appraise, among other things, the economic status of specialists, salaried men, etc.



Doctors' Secretaries Coached in Office Procedures

A course for medical and dental secretaries and receptionists believed to the first of its kind, has been inaugurated in Schenectady, N.Y. Its aim: to provide practical information on a number of aspects of professional office routine. Sponsor: the Associated Retail Credit Men of Schenectady, which is the local chapter of the National Retail Credit Association.

Designed as refresher instruction for experienced personnel and as basic training for beginners, the course consists of seven lectures (one a week). Forty persons (twice the number anticipated) enrolled for this year's session and twenty-six completed it, successfully passing a written examination.

Students rated instruction in collection technique as the most helpful. They learned new ways of employing stickers, printed notices, and letters, as well as an over-all collection procedure that gets results without risk of offending patients.

The manager of the local credit bureau told how his organization investigates a person's ability to pay,

and described facilities and agencies for the liquidation of stubborn accounts.

A certified public accountant coached the doctors' aides in accounting and record-keeping, particularly as they apply to income tax returns. There was also instruction in the handling of workmen's compensation reports and other insurance forms.

A local hospital official explained the need for cooperation between hospital and doctor's office, outlining ways in which secretaries can relieve physicians of many routine matters.

Proper telephone technique—including good habits to develop and bad ones to overcome—was demonstrated by the resident manager of the telephone company.

From an attorney, the class learned how legal problems affect the conduct of a professional office. Malpractice law was briefly explained, along with such things as the statute of limitations, garnisheeing, judgments, supplementary proceedings, bankruptcies, and the filing of claims against estates.

Military Medicine, Postwar

*Large peacetime Army and Navy
will require many doctors*



The brass hats knew, when peace planning began, that "reconversion" of the Army and Navy medical corps would not be easy. The wave of patriotism-etcetera that had swept 60,000 civilian physicians into the services would not fill the big medical departments of postwar years. The prewar system was gone with the wind. A large standing Army and Navy were likely for years to come. Universal military training of some type seemed assured. And the public was going to demand the finest quality of care for its sons . . .

How many medical officers will the services need in postwar years? No one can say with certainty until Congress fixes peacetime Army-Navy strength; meanwhile, informed sources interviewed by this magazine guess the combined services' size as 1½ million men—600,000 regulars and 900,000 trainees. (Few, if any, believe that voluntary enlistment alone can satisfy peacetime military requirements.)

The prewar ratio of medical officers to men was about 6.5:1,000. But with armed forces of only token size, that meant no more than a handful of medical men. To maintain the same ratio after the war in an Army and Navy totaling 1½ mil-

lion men would require 10,000 medical officers.

Prewar military posts were far apart, and specialists and consultants were often remote. Medical officers were compelled, therefore, to "double in brass" in many branches of their profession. Medical organization was dictated by necessity rather than by choice. The orthopedic surgeon on occasion removed tonsils; the nose and throat man treated hemorrhoids.

The War Department wants no more of this system. It was inadequate in the old days, when practically all consultants were concentrated in the named hospitals (*e.g.*, Reed, Letterman); it would be even less tolerable when peace returns. Qualified consultants at every large station hospital, at least, are therefore a major goal.

As a matter of fact, the Army plans medical communities of physicians at every level, from interne to eminent specialist. The Navy, ashore, aims at the same objective.

How will the services obtain high-caliber medical men? The Army's authorized strength, to be reached by 1950, includes 1,440 regular medical officers; the Navy's, 2,000. But if the fighting forces are to require 10,000 medical officers, it is obvious that military practice will

have to be made sufficiently attractive to encourage competent, ambitious men—not merely the haven-seekers—to enter it. That task is not going to be easy. Of 21,000 medical officers who replied to an AMA survey, only 2,500 expressed any interest in military medicine as a permanent career—and half of those men were over 40.

Medical department chiefs say this reaction is inconclusive. They admit that many medical officers have not been able (because of war exigencies) to do the exact kind of work they prefer. They also recognize a natural distaste among medical men for the regimentation that goes with Army and Navy prac-

tices. But both these drawbacks and others, they say, will be lessened appreciably when peacetime plans get under way.

First task is to make a military medical career as satisfying as one in civil life. Pay must be upped somewhat, the promotion system liberalized, specialization encouraged, post-graduate education assured. If a man is a specialist, or aspires to be one, he must be utilized, or trained, in his chosen work and not shunted off into something else.

Lack of continuity in professional work was one of the prewar weak spots. An Army medical officer might be an internist at one post,



"HERE, HERE, PEMBERTON. SOME OTHER TIME WE'LL
GET THE TONSILS!"

registrar at a second, medical inspector at a third. Now the aim is to establish in the military system wherever possible a medical structure like that found in civil life, so that consultant and specialist service will always be available. It is hoped that even at posts distant from military general hospitals the post physician will be able to call in civilian consultants. The services have come to realize the importance of civilian collaboration. Surgeon General Kirk declared recently that during the present war it had telecoped fifteen years of medical progress into three.

The Army is already planning a medical research board to function in time of peace. Correlated with it, in civilian institutions, will be a committee charged with developing medical research of potential value to the armed forces.

War and Navy Department heads are well aware that the uncertainty of pay increment and promotion—stemming from the military structure and its tables of organization—must be mitigated. For one thing, it is possible that pay increases will be made dependent on professional competency rather than on promotion alone. It is not easy to make the two coincidental. One source told MEDICAL ECONOMICS that "You just can't make all medical officers—radiologists, nose-and-throat men, proctologists, or whatever—full colonels. Nor is the equivalent done in civilian practice. Every doctor in a hospital does not get to be a chief of service."

Nevertheless, the armed forces foresee the need of many specialists. They will endeavor to procure them by (1) commissioning special-

ty-board diplomates in advanced military grades, (2) paying for the specialty training of medical officers already in service. The first method is likely to be extensively employed at war's end, since both the Army and the Navy will immediately need specialists' services to meet peacetime requirements.

The Navy, of course, has its special problems: For one thing, a great many of its medical officers—principally those serving on smaller vessels—must have diversified experience and abilities. But an educational program now under way permits the medical officer to concentrate on a specialty if he desires. Vice Admiral McIntire recently indicated policy in the JAMA:

"Regular Navy officers of the medical corps will have opportunities for specialization and achievement quite comparable to those of civilian life. Heretofore, such opportunities have either been limited or not fully promoted. Certification by the American boards, far greater participation in the activities of the colleges and other national organizations, and recognition of attainments should follow, just as they follow in civilian life."

The problem of recruiting medical personnel will not end, of course, when full postwar strength is achieved. If the Army and Navy quota is then 10,000 medical officers, such eventualities as retirement and resignation will probably result in a replacement rate of 350 physicians a year. Thus, some planners foresee a special training program by which selected enlisted men would be sent to approved schools for medical education and to civilian or service hospitals for

internship. Naval internships, instituted twenty years ago, are now available in forty-three AMA-approved Naval hospitals; and last month, 345 medical officers were

taking them. Vice Admiral McIntire, Navy Surgeon General, has declared that the program "will unquestionably be maintained in peacetime."

—DANIEL A. KORN

Industrial Group Uses Tabloid to Promote Health Program

Absenteeism and VD control had become major problems. As the war boom neared its peak, business men and health authorities knew that something had to be done in that smoke-stained section of Brooklyn generally referred to as "over by the Navy Yard."

The Fort Greene district (its quasi-official name) has a population of more than 200,000. A majority of its people work at the Navy Yard or in one of the 200-odd plants that dot the area—manufacturing plants, machine shops, candy factories, laundries, commercial bakeries, wholesale meat houses, garment factories, and so on.

How could a better-health campaign best be put over among almost a quarter-million persons of all types and descriptions?

Representatives of business, labor, medicine, public and private welfare agencies got together, set up the Fort Greene Industrial Health Committee. Early last year, the committee launched a high-powered educational program. Its aims: to reach the worker at his job, talk to him in easy-to-understand language, and impress on him the importance of preventive measures: blood tests, check-ups, chest X-

rays, proper diet, and other health measures.

Principal means of getting the story across is a four-page tabloid—a breezily written little sheet jam-packed with cartoons, photos, comic strips, newsy headlines, and all the other tricks of tabloid journalism. Its title: "Here's To Your Health"; its slogan: "What you don't know *can* hurt you." Published twice a month, it is distributed by a shop committee in each of the cooperating plants. Well over a million copies have been circulated, and its sponsors say that 91 per cent of its recipients read it. Requests for copies have been received from more than 400 industrial health groups in various parts of the country.

Typical of the tabloid's approach is this front-page cartoon: An overalled workman, monkey wrench in hand, is being interviewed by St. Peter at the Pearly Gates. The workman explains what happened to him:

"My wife told me to see the doctor, but I kept putting it off."

In various other ways, the tabloid urges the worker to "Consult your doctor—not the advertisements." Every issue carries a box

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**"IT WAS A CASE OF HOUSEMAID'S KNEE. MY WIFE CAUGHT
ME SITTING ON IT."**

advising each reader who hasn't a family physician to telephone the Kings County Medical Society for the names of three G.P.'s in his neighborhood. Those who cannot afford private care are urged to go to the district health center maintained by the City of New York.

In addition to the tabloid, the committee has made steady use of posters prominently displayed in the various plants. It has had less success in the presentation of health films and health talks, but carries on nevertheless with union cooperation. Recently it laid plans to conduct a survey of absenteeism, to set up a cooperative medical service for small plants, to X-ray the chests of all workers in participating plants, and to establish an industrial nursing service in cooperation with the Visiting Nurse Association.

Funds for the work have been supplied by the fifty-odd sponsoring companies and by welfare agencies. In its first year, the project cost about \$15,000.

The Fort Greene Health Committee functions as a unit of Neighborhood Health Development, Inc., an organization set up in 1929 to work with the New York City health department, the American Social Hygiene Association, and the Brooklyn Tuberculosis and Health Association in the development of neighborhood health centers. Committee officers include Reginald E. Gillmor, president of the Sperry Gyroscope Co., Inc., who acts as chairman; Louis Hollander, of the Amalgamated Clothing Workers of America, co-chairman; and Dr. Charles F. McCarty, of the Kings County Medical Society, secretary.

The New Wagner-Murray-Dingell Bill: A Factual Summary

*Details here of important Section 9,
Part A; highlights of rest of bill*

The new Social Security bill, introduced in the Senate by Senators Robert F. Wagner (D., N.Y.) and James E. Murray (D., Mont.) as S.1050, and in the House by Representative John D. Dingell (D., Mich.), as H.R. 3293, is an omnibus measure consisting of ten sections (of which the national social insurance program is only one). It has been referred to the Senate Finance Committee and to the House Ways and Means Committee, but since the bill is a taxation measure, and as such must be first voted upon in the House, the series of projected hearings will be held by the Ways and Means Committee.

If enacted, the Wagner-Murray-Dingell bill would

¶ Create a ten-year program of Federal grants and loans for construction and expansion of hospitals, health centers, etc., to be financed

► Here are the essential provisions of the new Wagner bill with which every physician should become acquainted. An editorial discussing the measure will be found on page 33. Our interpretive comment begins on pages 50 and 53.

out of general revenue. The Government would pay at least 25 per cent of the cost of a project and up to 50 per cent in accordance with a state's per capita income. Loans could not exceed an additional 25 per cent of the cost of the project. A total of \$950,000,000 would be authorized over a ten-year period of construction, with \$50,000,000 earmarked for 1946 and \$100,000,000 for each of the nine succeeding years.

¶ Provide grants to states, out of general revenue, for a great expansion of public health services. The Federal Government would pay at least 25 per cent of the amounts expended by a state and up to 75 per cent. A present authorization of \$20,000,000 would be expanded to "a sum sufficient to carry out the purposes." In addition, the annual amount made available to the Surgeon General for demonstrations, training of personnel, and administrative expenses, would be increased from \$3,000,000 to \$5,000,000 a year.

¶ Provide grants to states, from general revenues, for maternal and child health and welfare services. The Government would pay at least 25 per cent of amounts expended by a state and up to 75 per cent. State plans would have to be approved by

Now COMBINED
for Session

H. R. 3293

IN THE HOUSE OF REPRESENTATIVES

May 24, 1944

Mr. WEAVER introduced the following
bill:

A BILL

To provide for the national security

1 *Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

2 *That this Act may be cited as the "Social Security Amendment of 1945".*

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Now COMBINED
for Session

S. 1050

IN THE SENATE OF THE UNITED STATES

May 24, 1944

Mr. WEAVER (for himself and Mr. NIXON) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To provide for the national security, health, and public welfare.

1 *Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

2 *That this Act may be cited as the "Social Security Amendment of 1945".*

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WAGNER . . .

to \$30 per week up to twenty-six weeks.

Part C: Retirement, survivors, and total disability insurance benefits of a much more liberal nature than those authorized by existing law. Minimum, \$20 per month; maximum, \$120.

Part D: A National Social Insurance Trust Fund, which would be controlled largely by the Social Security Board although technically under the supervision of three trustees: the Secretary of Labor, the Secretary of the Treasury, and the chairman of the Social Security Board. Appropriations to the fund, out of general revenues, would be authorized to be made whenever Congress deemed them necessary. Contributions provided for in the

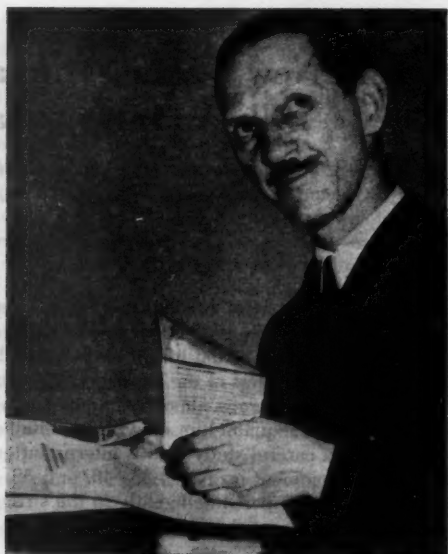
bill, say its sponsors, would be sufficient to pay all insurance benefits for several years after the end of the war. Meantime, they say, it would be necessary to decide if the contributions should be increased, if the Government should contribute to the insurance system out of general revenues, or if some combination of both methods should be employed.

Part E: Credit for military service. The bill would provide wage credits of \$160 per month to personnel of the armed forces for the period of military duty.

Part F: Coverage of self-employed persons (small business men, farmers, and professional persons) for all the insurance benefits except unemployment and temporary disability.



MURRAY. . .



. . . and DINGELL

Part G: Insurance contributions amounting to 4 per cent of wages from employees and 4 per cent from employers. (The table on page 138 shows allocation of contributions to each of the four insurance programs.) Since the self-employed are not covered for unemployment and temporary disability insurance, but are covered only for retirement, survivors, and extended disability benefits (for which 2 per cent is charged), and medical care (3 per cent), their total would be 5 per cent.

Following (condensed) are the provisions of important Section 9, Part A, of the Wagner-Murray-Dingell bill, having to do with the establishment of a national system of "prepaid personal health service insurance":

"ADMINISTRATION

"The Surgeon General of the Public Health Service, under the supervision of the Federal Security Administration- [Continued on page 134]

The New Wagner-Murray-Dingell Bill: An Interpretation

What the measure really signifies for physicians—an exclusive analysis

This analysis of S.1050, and of its eventual impact upon medicine and the public, has been prepared after a thorough, objective study of the bill. It reveals that behind an innocent facade, the writers of the legislation have contrived a freedom-stifling bureaucracy almost without parallel. Every physician is urged to acquaint himself with the ramifications of the measure by a careful study of this interpretation and of other pertinent comment on pages 35, 46, and 53, to the end that he may play his part intelligently in the struggle that lies ahead.

The magnitude of the National Social Insurance System proposed in the new Wagner-Murray-Dingell bill is indicated by the fact that the Social Security Board would collect from ten to twelve billion dollars in taxes in a year of high national income—a sum equivalent to total U.S. income-tax collections in the fiscal year 1942-1943. In addition, it would receive several billion dollars annually, appropriated by Congress from general revenues, to make up deficits and to finance benefits not payable from Social Security Act funds.

Buttressed by a National Advisory Social Security Policy Council, which it would appoint, the Social Security Board could

¶ Wield unprecedented influence

over public policy regarding the size of payroll taxes and the distribution of funds among the several administrative agencies;

¶ Dictate administrative procedures and policy decisions of agencies brought under its jurisdiction, through the veto powers conferred on it;

¶ Recommend social legislation in the health fields without having a health and medical staff;

¶ Subtly shape, if not openly control, national fiscal policies through its representation on the Board of Trustees of the National Social Insurance Trust Fund.

It is within this broad framework of Federal control, built largely around a single agency—the Social Security Board—that the new health

and medical programs are found.

Physicians may be inclined to regard some of the detailed provisions of the new Wagner-Murray-Dingell bill with a more friendly eye. But let them pass over the details and concentrate their attention instead on the chief powers conferred by the measure. To all who have a professional interest in health and medicine, to all who are working toward the development of a more adequate health program in this country, the following considerations should be of primary concern:

1. Although the original Social Security Act and the act as amended have been practically rewritten, and although tax rates would be increased by this bill and large funds earmarked for the over-all health program, the membership of the board of trustees of the National Social Insurance Trust Fund would not be enlarged to include a health representative. It would be limited to the Secretary of the Treasury, the Secretary of Labor, and the Chairman of the Social Security Board. The membership of the board of trustees is of such fundamental import to the medical profession as to overshadow all other provisions of the bill; for in the power of the purse lies the power to control.

2. The top consultative body—the National Advisory Social Security Policy Council—would not necessarily include any health or medical representatives either.

3. The small National Advisory Medical Policy Council, which the Surgeon General is authorized to appoint, has several outstanding defects. It would be limited to sixteen members in two groups: (a)

professional representatives, *i.e.*, doctors, dentists, nurses, laboratory technicians, hospital administrators, etc.; and (b) public representatives: presumably labor, management, and the public at large. Such a miscellaneous assembly could not properly be called a medical policy council, for it would scarcely have more than two medical representatives at best. Furthermore, the mixture of professional and lay representatives in the same council would destroy the professional character of the body. It would not be competent to discuss the qualifications of medical specialists; to decide what professional standards of quality should be applied to personal health service benefits; or to give advice on professional education and research projects. In other words, such a hybrid, because of its composition, would be unable to do the very things it was set up to accomplish.

It would be wiser to set up a technical council for professional policy and, if need be, a lay council for general policy. Actually, since the bill provides for one over-all lay council for the whole social security program, there is doubtful need of lay councils for its several parts.

4. In the section providing for grants-in-aid to states for hospital and health center construction, the Surgeon General would be authorized to establish a nine-member National Advisory Hospital Construction Council of which he would be chairman. But the Surgeon General could not appoint even this small council until he had obtained the approval of the Federal Security Administrator and had consulted

the National Advisory Medical Policy Council. This extraordinary provision would link the hospital construction program with the National Social Insurance System, of which it is not rightly a part. It would be but a step to bring the entire hospital system of the country under the jurisdiction of the Social Security Board. Let no one suppose that these are mere administrative details; they are of the very essence of administrative control.

5. The language of the bill may lead the unwary to assume that considerable power would be conferred upon the Surgeon General. Some may go so far as to say that the Surgeon General would have great administrative authority on all matters concerning national health. This is not so. S.1050 is more subtle in its wording than its predecessor, S.1161, but its controls over the Surgeon General and over the Public Health Service are quite as restrictive.

To the average citizen, one Government agency looks very much like another. But when it comes to the question of medical care for one's self and one's family, it makes a profound difference whether the agency in control of that care is

made up of statisticians, economists, and social workers, or of physicians, nurses, dentists, and others who have professional competence in health matters.

It should be of interest not only to the medical profession but to all citizens, that the Surgeon General, who is authorized to write the rules for the administration of this nation-wide medical care program, must consult first with the Social Security Board.

By such means, the health program is skillfully brought under the jurisdiction of the Social Security Board, *which is not a health agency*. Even grants for public health work, which are authorized currently under the basic public health law, would in the future be authorized under the Social Security Act. The significance of such a statutory shift should be fully appreciated.

6. The new Wagner-Murray-Dingell bill does not socialize medicine, if by socialization is meant placing doctors on the public payroll on a salary basis. Undoubtedly many doctors *would* find themselves on the public payroll, but the majority probably would select fees for service or capitation payments whereby

[Continued on page 130]

Mother's Girl

A woman physician I know was examining a new patient—a bride. Suddenly the patient asked if the physician were a mother. "No, I'm not even married," she answered. The patient immediately reached for her clothes. "If you'll excuse me," she said, "I think I'd rather go to a man doctor. I assumed you had been a mother. That's why I came to you first." As she went out the door, she missed hearing the exasperated doctor say under her breath, "And do you think *he* might have been a mother?"

—GEORGE FOX, M.D.

New Wagner-Murray-Dingell Bill: Some Conclusions

*S.1050 and H.R.3293 called milestones
on the road to medical serfdom*



► In presenting this over-all appraisal of the new Wagner bill, the editors emphasize three points: (1) that the philosophy behind this proposed nationalization of medicine continues to be unsound and un-American; (2) that the proponents of the measure have tried to disguise that fact in its wording; and (3) that a defensive strategy on the part of the medical profession will be of no avail.

The sickness provisions of S.1050 are more far-reaching than were the provisions of its predecessor, S.1161, but the same basic premise is evident: that the one and only way to achieve national health is through the reactionary and outmoded device of compulsory sickness insurance. Although the label has been changed to "personal health service insurance," the scheme is still compulsory insurance—patterned after the original Bismarckian scheme of sixty-odd years ago. And while such schemes have many defects, the most serious to the profession and to the public lies in the rules and regulations which are promulgated by the administrative agency.

There is no indication in the current legislation as to what form

those rules and regulations would take. But every student of compulsory sickness insurance knows that there will inevitably be woven into such rules an intolerable interference with personal liberties. For one thing, he realizes that freedom of choice cannot exist for either patient or physician: Exigencies of administration preclude it, even though basic law guarantees it. Even if, as some argue, there were no virtue in such freedom, the public and the professions must become aware of what is to be surrendered in the name of so-called security. Proponents of compulsory insurance brush aside such objections as "mere details." They ignore the fact that such details are what shape the lives of persons forced into the system. One may doubt that these people would subscribe to the controls of

Miller's Conclusion

► Representative A. L. Miller (R., Neb.), physician-Congressman, had this to say: "They have tried to eliminate the more objectionable features of the old bill, but the result is only sugar coating on some still very bitter medicine."

Social or Tax Measure?

► A House Ways and Means Committee attache predicted fireworks when the hearings on the new Wagner bill begin, with the bill's supporters hard put to force it to the floor of the House. It was the Ways and Means Committee that smothered the earlier W-M-D bill, for which reason Senator Wagner, in a floor speech, sought to have the new bill sent to a Senate committee, on the grounds that it was social legislation and not a taxation measure. The Senate, however, disagreed.

such a program if they were forewarned.

And there is no compelling reason why they should. There are other and better approaches to the problem of adequate medical care. But the public has not been told enough about them. Instead it has been given half-truths and distortions (the high rejection rate of the armed forces, for example) by the press, radio, and Government information services, and has been led to believe that a critical national health problem exists.

Notwithstanding the persuasiveness of such propaganda, there is no reason to believe that the public wishes to upset a medical system that has made the United States the envy of the world. By and large, people like to spend their own money, make their own arrangements, and choose their own physicians, even if the choice is not always wise.

No one has yet demonstrated that a Washington official would

display any greater wisdom. Indeed, the method proposed in S.1050—whereby under certain conditions the Surgeon General may simply assign persons to physicians on a pro rata basis, giving so many to each practitioner in a neighborhood—does not imply the exercise of superior wisdom.

It is unfortunate that the initiative still rests with the nationalizers. It is doubly unfortunate that we have not yet seen fit to set up a national commission to make a disinterested study of health problems. It has been Government agencies that have been the prime movers.

A highly organized, vocal minority has endeavored to convince Congress and the public that compulsory sickness insurance is essential—and inevitable. But they have adduced no sound reason why we, who have unparalleled national resources, great productive power, and the highest standard of living of any country in the world, should be put into a Federal straitjacket merely because certain sections have poor medical facilities and because certain income groups are

Hearings

► Representative J. D. Dingell believes that hearings on the measure will be deferred pending completion of a Congressional study of the whole social security structure (for which \$50,000 had already been appropriated). That investigation, it is believed, will not be completed before fall at the earliest. It is being directed by Lieut. Commr. Leonard J. Calhoun, USN.

sometimes hard put to pay for care. The war has given us a sample of regimentation. People have chafed under it, even though they knew it was for the common good. Let them now consider what such curtailment of freedom would mean in perpetuity. Let them ponder the cost, in payroll and other taxes, of an

enormous bureaucratic machine. Let them remember that the time comes when a topheavy bureaucracy simply costs more than it's worth. Perhaps that time is approaching—or has already arrived.

Be that as it may, the Wagner-Murray-Dingell bill marks the road to medical serfdom.

Remitting Made Easy

THOMAS H. SUTHERLAND, M. D.
ELITE APARTMENTS, 340 SOUTH MAIN STREET
TELEPHONE 3126
HARRISON, OHIO

_____ 19____

FOR PROFESSIONAL SERVICES TO DATE—

TO PAY THIS BILL, NEW SUB—SIMPLY
FILL IN NAME OF YOUR BANK, DATE
AND SIGN YOUR NAME—TEAR OFF
THE BOTTOM AND MAIL, KEEPING
TOP FOR YOUR RECORD

DATE PAID _____ 19____

CHECK NO. _____

DETACH AND MAIL

ITEMS MAY BE USED AT OFFICE

No. _____ 19____

WRITE IN THE NAME OF YOUR BANK

CITY AND STATE

Pay to the
order of

THOMAS H. SUTHERLAND, M. D.
HARRISON, OHIO

\$ _____

100 Dollars

YOUR SIGNATURE GOES HERE

A nudge for the dilatory is this combination statement and blank check. Even for the patient who has no bank account it serves as a hint.

Veterans Get Preferences to Buy Surpluses from Government

Civilians, meanwhile, will continue buying from regular trade sources



Effective this month, any physician who has served in the active military or naval service during the present war and has been honorably discharged may apply for a preference to buy surplus medical goods direct from the Government. Heretofore most surplus items have been offered for sale only through established retail dealers.

The new preferences are authorized by Surplus Property Board Regulation 7, Part 8307, issued a month ago. Applications are filed with the Smaller War Plants Corporation office in the district in which the doctor intends to practice. Under SPB Regulation 2, the SWPC has a top Federal agency priority with which to buy surplus property.

Considerable discretion is allowed the SWPC in deciding who should and should not be given preferences. Says Part 8307:

"The Smaller War Plants Corporation will exercise its priority right . . . to purchase from the appropriate disposal agency for resale to the veteran such property as he may apply for which in its judgment is required to preserve or strengthen the competitive position of small enterprise. In forming such judgment, the Smaller War Plants

Corporation will take into account whether the property will be useful in and will aid the veteran to establish or maintain his own small enterprise and whether business conditions and other economic factors affecting the locality within which the veteran maintains or desires to establish such enterprise render the success thereof reasonably probable."

One of the aims of the Surplus Property Board, a spokesman told this magazine, is "to get young doctors to practice in rural areas." He added that, "You can be sure we are not going to give surpluses to Park Avenue and Wilshire Boulevard specialists."

OPA regulations govern all surplus property sold to the SWPC for resale to veterans. The SWPC is not permitted to charge the veteran any more for goods than it was charged by the disposal agency. Nor may it purchase for resale to any one veteran surplus property valued at more than \$2,500.

Some sources believe that by the time most medical officers are discharged and become eligible to exercise their surplus preferences, few surpluses will be available. They cite the enormous capacity of the Veterans Administration, Public

Health Service, hospitals, educational institutions, and political subdivisions that will compete for such medical surpluses as are available. The Surplus Property Board counters with the statement that demobilization of men and material will be generally concurrent and that ample surpluses of all kinds will be made available to meet the needs of veterans as they are returned to civil life.

Asked whether preferences to buy surpluses from the Government would be extended to home-front physicians, Jonas Reiner, deputy SPB administrator told MEDICAL ECONOMICS that it is the policy of the board to distribute surpluses among such doctors through normal trade channels. Thus, he said, supplies for sale to individual, civilian physicians would be sold through physicians' supply dealers. The board does not foresee sales of surplus property to any individual consumers except veterans.

Although \$100 billion in surpluses may eventually be distributed, not more than \$10 billion will be in consumer goods. And of these

consumer goods, medical items will constitute but a further fraction.

The Surplus Property Board has no idea how much medical equipment will be declared surplus this year. Its director wryly asked MEDICAL ECONOMICS to pass on to him any estimate that it could obtain. Through April, medical surpluses disposed of in 1945 totaled as follows: professional and scientific instruments and equipment, \$344,000; drugs and medicine, \$222,000.

Questioned about scattered reports of medical-equipment "shortages," the War Production Board denies their existence. It says there has never been any real stringency in civilian medical supplies. The shortages that have existed, it contends, have been almost entirely of brands rather than of type. The board declares that this is especially true of such things as X-ray apparatus and electrocardiographic equipment. One WPB chief went so far as to say that he didn't know of a single item that was really "tight." On the contrary, he asserted, medical and surgical equipment exists as a surplus.—A. G. ROSS

Marauder

It was shortly past midnight. Not a sound came from the pediatric ward. I walked softly from bed to bed to be sure that each youngster was resting comfortably before I turned in for the night. On my way past the last bed, I noticed an open box of candy on the table. Silently, I stepped over and took a piece.

Next day, during visiting hours, I chanced to come into the ward again. No sooner had I appeared inside the door than a child's voice rang through the room—and all eyes were immediately turned on me. "There he is, Mommie," cried the voice indignantly. "That's the doctor who stole my candy!"

—W. F. MC DONALD, M.D.



'Getting Back Into Civilian Practice Isn't Difficult Now, But ...'

*Interviews with demobilized doctors
show shape of troubles to come*

What's it like to resume civilian practice after a stretch in the Army or Navy?

How are things going for those men who have been demobilized so far?

What are the chief problems being met? Are patients coming back to their former doctors? Are home-front physicians cordial to their returned colleagues? Are they being actively helpful?

To get the answers to these and other questions which may soon be of importance to every practitioner, reporters from MEDICAL ECONOMICS have personally interviewed a representative list of ex-medical offi-

cers in various parts of the country.*

Included in the list are men who were in service from one to three years. Their ages range from 30 to 50. The majority are G.P.'s, but such specialties as surgery, ENT, obstetrics, and gynecology are also represented. Those interviewed are practicing in both large and small communities—in the East, in the Central states, and on the Pacific Coast.

Woven into the testimony of these men is much that can be helpful to other veterans—as well as to medical

*Some of the interviews are incorporated in this article; others will appear in subsequent issues.

societies and to home-front physicians who can appreciate the impact of the return of tens of thousands of service men to private practice. To date the problem of the ex-medical officer has been relatively simple. When demobilization hits its full stride, there will be a different story to tell.

While what follows is not a statistical poll, it does give some idea of things to come, measured by experience to date. Certain factors stand out as significant:

1. Most veterans talked to have gone back to their former localities.

2. Some have taken refresher courses, but others have lacked time and money.

3. Many who stored their old equipment are finding it advisable to replace items that have deteriorated or become obsolete.

4. Society memberships, teaching and hospital connections have generally been restored without question.

5. Patients are returning to demobilized practitioners in goodly numbers—partly because of the doctor-shortage. (This condition may well change when the M.D. supply again exceeds the demand.)

6. Some men have needed financial aid, others have not (no uniformity on this).

7. Home-front physicians are said to have exhibited no great generosity toward their ex-service colleagues, but have been cordial on the surface, at least. Mention is made of a few home-fronters who have been reluctant to return former patients to demobilized men—particularly patients who can afford substantial fees.

8. There is no indication that those discharged expect special privileges on patriotic grounds, but they do expect the return of all former patients who are willing to be returned. Few look to their county societies for aid; many are skeptical about the practical benefits to be had from organized assistance plans; some think the provisions of the G.I. Bill wholly inadequate.

Comments of general practitioner; Baltimore; age 45; in service (as major) from Feb. 1941 to Sept. 1944:

"I returned to private practice a month after being discharged. My biggest problem has been to find office space. After nine months, I'm



still looking. The places I've inspected are either unsuitable or the rent is exorbitant. As a result, I've had to limit my practice to outside calls.

"I own a home in a suburban development, but a clause in the purchase contract forbids me to use it as a doctor's office. There's an excellent medical arts building downtown, but nearly all my patients live near my home and I don't think they'd go downtown to see me.

"Fortunately, I had sufficient money saved to get re-established. My equipment was stored in the basement of my home. I have nearly all the items I need, but may have to spend about \$150 for medications and office supplies when I find an office.

"When I went into the Army, I referred my patients to three other physicians. Only about twelve peo-

ple have decided to stay with those doctors; the others are all back with me.

"About refresher courses: I didn't discover they were being offered until after I resumed practice. I doubt that I'll be able to take any now because it would mean dropping practice again.

"It seems to me that one of the best ways for established civilian doctors to help their discharged colleagues is to share offices and equipment while space is so hard to find. I don't suggest partnerships—merely the sharing of facilities.

"Unless demobilization is gradual, it's likely to prove an acute problem. Many of the younger men will need internships and residencies, and facilities will be overcrowded if large numbers of young doctors are released all at once.

"My guess is that a number of

POSITIONS FOR WAR-VETERAN PHYSICIANS

Any physician returning to civil life from the armed services or from a war agency may insert *free* in the domestic edition of **MEDICAL ECONOMICS** (circulation: more than 100,000) a position-wanted classified ad (maximum: 24 words). The following data (which will be kept confidential) must accompany the copy for each ad: name; address; rank or position; date. Copy must reach **MEDICAL ECONOMICS** by the 5th of the month preceding publication. Address: Veterans' Service Editor, Medical Economics, Inc., Rutherford, N.J.

the older men as well as the younger ones will want to consider careers in the Veterans Administration when the Army and Navy general hospitals are handed over to the V.A., as most of them probably will be."

Comments of general practitioner; Milwaukee; age 38; in service from Feb. 1943 to Feb. 1945:

"I have resumed private practice in my old location. While I was away, a dentist rented the offices on a month-to-month basis. He agreed to vacate in my favor, as the building manager had promised me the space when I returned.

"My friends soon spread the news that I was back and would practice at the old stand. Hence I found no need to announce the fact. Dozens of my former patients came in soon after I resumed.

"When I entered the service, I left my equipment with a colleague. But this man was also called into service; so I cabled my brother-in-law to store the stuff in his home, insure it, inspect it frequently, and see that it didn't deteriorate for want of an occasional workout. On my return, I found it in good shape.

"Upon being demobilized, I immediately notified my county medical society. I had some money saved—so I didn't need any financial help.

"Before going into the Army, I didn't much relish private group practice. Now I can see both sides. As a consequence—and since the AMA has come to look more favorably on this form of organization—I am thinking of joining a group.

"As soon as I can, I intend to take a refresher course. Although we learned a lot in the service, much

Baby Picture Gallery

Anything that offers relaxation to nervous or self-conscious patients while waiting their turn in the reception room is worth consideration. Baby pictures displayed on the walls belong in this category. There are few things with a more universal appeal.

For several years, I have watched the results of my decision to display in the waiting room my own private "baby gallery." The exhibition is composed entirely of babies I have been privileged to assist in making their worldly debut.

There are now about 150 babies in the show, and few months pass without additions. They are crying, laughing, smiling, eating, sleeping and playing. They are cute, homely, dainty, tough, fat, and slim. Each type appeals to someone.

Few patients resist the urge to review the exhibit. Many keep track of new additions and changes. Prospective mothers carefully scan them all—as if ordering from a catalogue.

The gallery serves many purposes. It gives the patient a legitimate excuse to get up and look around. In prospective mothers it stimulates confidence and pleasant anticipation. It serves as a topic of conversation among strangers. It offers evidence that I am interested in those babies and in the families which make up a large part of my practice.

Conversations on the subject with patients prove conclusively that the display has clicked.

—A. P. TREWHELLA, M.D.

of it was applicable only to military personnel and to the climate in which we were stationed. Even so, I think I'm a better doctor today than when I went in.

"I've been asked to rejoin the teaching staff of our local medical school, but have advised the dean that I couldn't do justice to the position without first completing an intensive study course myself."

Comments of ENT specialist; California; age 44; in service (as lieutenant commander) from May 1942 to May 1943:

"My return to private practice was easy. All I did was notify the county society, go back to my old office, clean up the equipment, and go to work. The owner of the professional building where I practice was kind enough to leave my office intact while I was gone.

"I didn't even have to send out cards. My former patients heard I was back and started coming in immediately.

"Nor did I find it necessary to take any refresher courses. For while I was in the Navy I continued in my own specialty.

"I find that patients and other doctors exhibit a high degree of appreciation toward those of us who went into service. They don't regard us as heroes, but they seem to think we did the right thing.

"I didn't have to borrow any money. Our county society has a fund, accumulated from members' contributions, which is to be used to pay the first year's rent for men returning from service. I didn't have to use it, but it was comforting to know of its existence.

"Most doctors who are discharged

should go back to their old locations. That's the easiest way of getting re-established. Their patients will generally be glad to see them again."

Comments of general practitioner; Newark, N.J., age 31; in service from Sept. 1942 to March 1944:

"When the Army caught up with me, I'd been practicing only five months. I was sent to Fort Sill, Okla., stayed there the whole time, returned to private practice about a year ago.

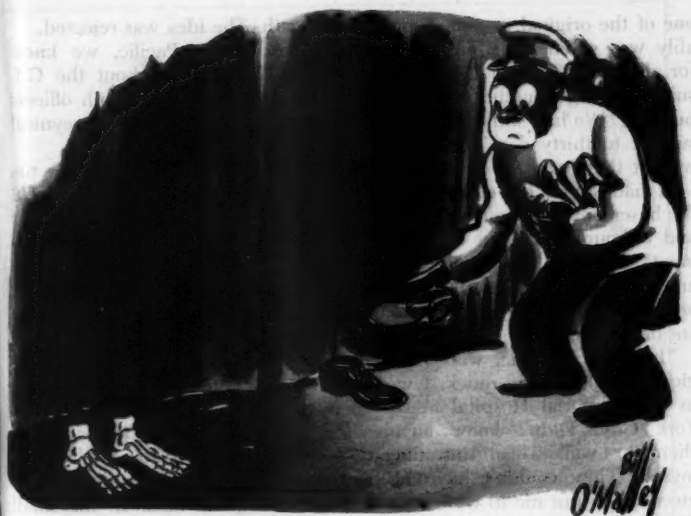
"Before going to camp, I packed my equipment as best I could and stored it in my sister's attic. I figured the war would last several years, and regular storage would cost as much as new equipment. I'm glad now I didn't sell because many of the items weren't obtainable when I came back.

"Finding office space was a great problem. I hadn't liked my previous locality. Finally I found a dentist who was moving, so I took his office. Later, I moved to my present address—after an older doctor retired.

"I was so recently out of medical school and had kept up so well with the journals that I didn't feel the need for refresher work.

"I've re-established my former hospital connections and serve once a week in the clinic. I find other hospitals aren't making new appointments; they have all the applications they can take care of and don't want additional patients. One, where I'd like to have a connection, has turned me down.

"I feel that my Army experience contributed absolutely nothing to my value as a civilian doctor. Most



of my time was spent in the infirmary at the reception center. Soldiers coming in were fresh from an induction center; so our main work consisted of passing out cathartics and caring for minor bruises. The reception center (two miles from headquarters) had to keep two doctors on duty 24 hours a day because the fort is in the tornado country—or so they said.

"I made no application to my county society for assistance. It never occurred to me that they could help me find office space—and that's the only help I needed.

"My waiting room is filled some of the time, but not always. I don't feel that I'm one of those doctors who is 'worked to death.'"

Comments of surgeon; Connecticut; age 40; in service (as lieutenant

commander) from Jan. 1943 to Feb. 1945:

"In my small community there has not been any acute shortage of doctors. The surrounding area has a population of 40,000. Before the war, we had twenty-three active practitioners. Only three of us went into service. Those left were able to handle the load without any trouble.

"I had been in practice fourteen years before being commissioned, and had confined myself to surgery during the latter part of that time. In the Pacific, I got plenty of surgery, but it was mostly amputations and fractures—practically no surgical pathology.

"On being discharged, I had no other thought than to get back to my old practice. I immediately wrote to the building manager. As

one of the original tenants, I probably was given some preference—for although I couldn't get my old suite back, I got another in the same building. We had sublet our house, subject to thirty days' notice, and we got that back.

"I had stored my equipment in the basement of the office building; and although I'd oiled the instruments carefully, many were rusty and unusable when I got back. Nevertheless, I was able to get immediate delivery on replacements.

"I needed refresher work in surgical pathology—and quick. I went to the Memorial Hospital in New York City. Didn't know anyone there—just walked in and introduced myself. They couldn't have been nicer. They put me to work immediately. The three weeks I spent there were the most profitable ones I've ever had.

"I got no aid from my district society and didn't expect any. Just before going away, I had proposed that the society set up a fund for aiding low-rank medical veterans (thus excluding myself), by having civilian doctors each contribute \$5

a month. The idea was rejected.

"Out in the Pacific, we knew practically nothing about the G.I. Bill of Rights. I think both officers and enlisted men are pretty cynical about it.

"I find my colleagues none too cordial. On the street, they're 'glad to see you back,' but their actions don't make it seem so. They haven't gone out of their way to refer cases to me. When the local newspaper ran a story about my return from the war zone (just as it did about Tony, the barber, and Mike, the A. & P. clerk), there was talk around town about my 'unethical' publicity.

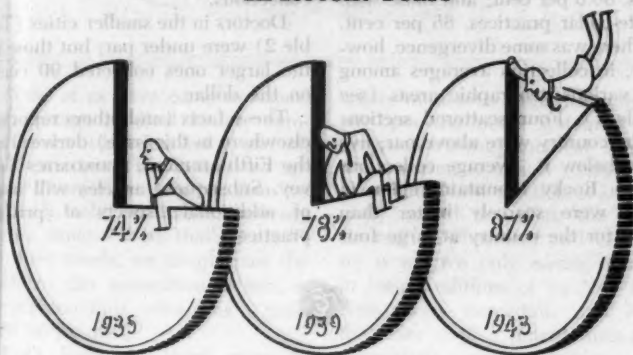
"The small-town doctor who's been in service is going to have a harder time picking up the threads than a big-city man. In the small town, there's been a new alignment of doctors who stayed behind, and those new alignments won't be quickly changed.

"My hospital and society connections were kept open for me while I was gone. And I've been called upon to talk to the district society (and other groups) about medical problems in the Navy."

Twenty Years Ago This Month in Medical Economics

Of the several medical publications coming to my office, two invite my particular attention: the Journal AMA and MEDICAL ECONOMICS. By reading the former and applying such information as is of use in my own practice, I am able to render service to my patients. By reading and applying the information in the latter, I am giving service to myself. In the early years of my practice, service to myself was left to take care of itself. I now regret that years ago I did not consider more carefully the *business* of the practice of medicine in its broadest, yet honest, sense. (Lee W. Paul, M.D.)

Trend of Physicians' Collections In Recent Years



Physicians' Collections

U.S. physicians*, on the average, collected 87 per cent of their accounts in 1943, a considerable im-

provement over the rates of recent years (see drawing above). The improvement was consistent, too,

PHYSICIANS' COLLECTIONS, 1943

BY GEOGRAPHIC AREA

All areas	87.0%
Middle Atlantic	89.2
Pacific	87.7
East North Central	87.5
New England	87.1
West North Central	86.2
West South Central	84.1
East South Central	83.6
South Atlantic	83.3
Mountain	81.7

BY COMMUNITY SIZE

All communities	87.0%
Under 25,000	84.7
25,000-49,999	86.0
50,000-99,999	86.8
100,000-499,999	87.8
500,000 and up	90.3

*Active, civilian, non-salaried physicians (i.e. those who derived less than 50 per cent of their incomes from salaries).

among all classes of patients. Doctors with predominantly agricultural practices collected 85 per cent; those with industrial clientele, 86.6 per cent; and those with white-collar practices, 88 per cent.

There was some divergence, however, in collection averages among the various geographic areas (see Table 1). Four scattered sections of the country were above par; five were below it. Average collections in the Rocky Mountain region in 1943 were scarcely better than those for the country at large four

years before. On the other hand, New England—with a relatively low professional gross income average was well up in percentage of collections.

Doctors in the smaller cities (Table 2) were under par; but those in the larger ones collected 90 cents on the dollar.

These facts (and others reported elsewhere in this issue) derive from the Fifth MEDICAL ECONOMICS Survey. Subsequent articles will treat of additional aspects of private practice.



Cash Invited

...NOTICE...

BY SETTLING YOUR ACCOUNT
AT THE TIME OF EACH VISIT YOU
WILL GREATLY FACILITATE
OUR SECRETARIAL WORK AND
SAVE MUCH VALUABLE TIME
AND CRITICAL MATERIAL.

Thank You

This 4"x5½" card is posted in the office of Dr. J. Wesley Edel, Baltimore. It's reported to have had a marked effect in promoting cash transactions with patients. A similar notice, intended for mailing rather than for posting, was described on page 61 of the May issue.

Sidelights

Some of us have come to regard the average medical society committee not as a means but as an end. We see a need for action, we appoint a committee to get it, then we sit back, fold our hands, and say with a smile: "Well, that's settled!" In other words, we simply pass the buck to the committee—which, if its mission fails, often has a good alibi of its own.

Let's begin to think more in terms of *accomplishment* as such, rather than of *organizing* to accomplish something.



The scientific sections of the AMA have a far broader responsibility than that of holding meetings to hear scientific papers. Witness the pressing need for more and better psychiatric care. Encouraging two or three papers on this problem will not solve it. The time has come for section heads to roll up their sleeves and substitute work for talk.



Advocates of the metric system in this country appear to be turning a trend into something of a boom. Metric being the international method, its use is held out as a means of expediting the huge foreign trade anticipated after the war.

In the medical field, the campaign has already reached a point

where numerous large hospitals insist upon the metric system in prescription-writing; medical schools are teaching it almost exclusively; Army and Navy physicians are officially bound to use it; the AMA Council on Pharmacy and Chemistry is to give only metric dosages in future editions of its *New and Non-official Remedies*; and even the older civilian practitioners find themselves using metric in prescribing sulfa drugs, vitamins, and hormone substances—for the simple reason that practically all new products are so supplied.

With such unexpected advocates as the *New York Daily News* (2 million circulation) also urging national adoption of metric, its general use seems likely to grow. Meanwhile, about half the medical profession still employs both systems, with consequent confusion all around.



What prompts a man to labor for years in the hope of producing an important new drug?

Why, the privilege of determining how its name will be pronounced, of course.

The English-language professors were dying to call Fleming and Florey's discovery pen-i-cil-lin. But the two originators were not to be thwarted. They stuck up for their rights. And they won, by golly. Hence: pen-i-cil-lin.

The Medical Fee Schedule of the Veterans Administration

Here it is—published for the first time, in its entirety



Fees listed in the accompanying schedule are for outpatient care of the veteran, and are paid mainly to "designated" physicians (private practitioners who have been appointed by the Veterans Administration to treat disabled veterans who live at a distance from any established administration facility). About 7,000 such doctors are currently distributed throughout the country. They are paid entirely on a fee basis.

If a veteran with a service-connected disability is in need of emergency treatment and no designated doctor is available, any properly licensed physician may of course treat him. The doctor subsequently files his claim for payment of what is known as an unauthorized service, and is compensated on the basis of the fee schedule.

The current schedule has been in force for the past six years. No major revision has been made in that time, and none is contemplated.

An important point to remember is that *this schedule represents the maximum fees allowable*. Only in special cases where the skill or renown of the attending physician warrants it may exceptions be made and higher fees be paid.

The Veterans Administration says its medical and surgical fee schedule

is the only comprehensive one prepared for use by a Government agency. The result is that many other Federal bureaus also employ it. The schedule was compiled originally from reports of insurance companies, state compensation commissions, etc.

Any licensed physician may apply for designation by the Veterans Administration, authorizing him to treat veterans in his area. Applications are sent to the nearest regional V.A. field office, forwarded from there to the central office for consideration, and subsequently approved if the number of disabled veterans in an area warrants it and if there is not already a sufficient number of designated physicians there.

The need for more designated physicians will continue to rise with the growing number of disabled veterans being returned from abroad. The Senate Subcommittee on Wartime Health and Education in its fourth interim report, said that "In order to provide adequate medical treatment for service-connected disabilities, the Veterans Administration will have to increase its outpatient services greatly. The number of individuals eligible for outpatient care will be at least five times the number eligible in 1942.

Veterans Administration

Schedule of Medical and Surgical Fees

(The fees listed are the maximum fees allowed. Every effort should be made to obtain adequate services for fees less than those indicated as maximum in the schedule.)

EXAMINATIONS

Maximum
amount
allowed

Bronchoscopy	\$ 30.00
Bronchoscopy and biopsy	40.00
Dermatological examination	5.00
Electrocardiogram with interpretation	10.00
Rhephalography, air injection by spinal route for diagnostic purposes	40.00
Rhephagocopy	30.00
Examination of ears, nose, and throat (separately or together)	5.00
Special ear examination, including audiometric test, with chart	10.00
Special ear examination to include either caloric or Barany test, or both, with report	10.00
Examination of eyes (to include either a copy of the prescription ordered or the retinoscopic correction of the refractive error, the fundus and field findings—the latter by chart in all cases of optic atrophy)	5.00
Examination of eyes with refraction, if mydriatic is used (to include either a copy of the prescription ordered or the retinoscopic correction of the refractive error, the fundus and field findings—the latter by chart in all cases of optic atrophy)	7.50
Combined examination of eyes, ears, nose and throat, with refraction (with or without mydriatic)	7.50
Gastroscopy	30.00
Genitourinary examination without cystoscopy	5.00
Genitourinary examination with cystoscopy	10.00
Genitourinary examination with cystoscopy and urethral catheterization	20.00
Gynecological examination	5.00
Complete examination of heart, including electrocardiography	15.00
Physical examination of heart or lungs, or both	5.00
Neurological examination (complete)	5.00
Neuropsychiatric examination (complete)	7.50
Routine office examination, including treatment	2.00
Orthopedic examination	5.00
Physical examination to determine need for hospitalization	3.00
Complete physical examination	5.00
Proctoscopy or sigmoidoscopy	5.00
General surgical examination	5.00
Thoracoscopy	30.00
Ventriculography, air injection through skull for diagnostic purposes	75.00

LABORATORY EXAMINATIONS BACTERIOLOGICAL

Maximum
allowed

Cultural examination for fungi	5.00
Microscopic examination for fungi	1.00
Pneumococcus typing	3.00
Pus or exudate (smear)	1.00
Pus or exudate, cultural examination, including classification of organism	5.00
T. Pallidum (dark field)	2.00
Throat culture, including classification of organism	5.00
Throat smear	1.00

BLOOD

Agglutination test for typhoid, paratyphoid, dysentery, or undulant fever	2.00
Bleeding time	1.00
Blood calcium	3.00
Blood chlorides	3.00
Blood culture, including classification of organism in positive culture	5.00
Blood platelet count	1.50
Blood smear for malaria	1.00
Blood typing (grouping)	2.00
Carbon dioxide combining power of blood plasma (Van Slyke)	3.00
Chemical examination of blood, complete, including creatinin, dextrose, urea nitrogen (or non-protein N) and uric acid	7.50
Cholesterol	3.00
Coagulation time	1.00
Complement fixation test for gonococcus infection	4.00
Complement fixation test for syphilis	4.00
Complement fixation test for tuberculosis	4.00
Creatinin	3.00
Dextrose	3.00
Total erythrocyte count	1.50
Fragility test for erythrocytes	3.00
Hemoglobin estimation	1.00
Hydrogen ion concentration	3.00
Differential leucocyte count	1.50
Total leucocyte count	1.50
Complete blood count, including total erythrocyte count, hemoglobin estimation, differential leucocyte count and total leucocyte count	5.00
Non-protein nitrogen	3.00
Occult blood	1.00
Blood phosphorous	2.00
Precipitation test for syphilis	2.00
Reticulocyte count	2.00
Sedimentation rate	2.00
Estimation of sugar tolerance	5.00
Urea nitrogen	3.00
Uric acid	3.00
Van den Bergh blood test for icterus	2.00

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	Maximum amount allowed		Maximum amount allowed
Volume index	2.00	Coccyx	15.00
FECES			
Cultural examination of feces for causative microorganism (including classification of bacterium)	5.00	Femur	75.00
Fat in feces	1.00	Femur, when suture, plating or nail- ing is necessary	100.00
Parasites and ova	2.00	Fibula or tibia, or both (including Pott's fracture)	40.00
PATHOLOGICAL EXAMINATIONS			
Autopsy, complete, with report (in- cluding histological examinations)	35.00	Fibula or tibia, or both (including Pott's fracture) when suture or plating is necessary	75.00
Tissue examination, with report	5.00	Finger, one	15.00
SKIN TESTS			
Protein sensitization tests (series), including allergens, for the pur- pose of establishing causative fac- tor	10.00	Fingers, each additional	5.00
Tuberculin	2.00	Humerus	40.00
SPINAL FLUID			
Examination of spinal fluid for cau- sative organism (smear)	2.00	Humerus, when suture or plating is necessary	75.00
Cell count	1.50	Malar bone	25.00
Colloidal gold reaction	3.00	Maxilla inferior (wiring if neces- sary)	75.00
Complement fixation test for syphilis	4.00	Maxilla superior (wiring if neces- sary)	75.00
Cultural examination of spinal fluid, including classification of causative microorganism	5.00	Metacarpal bone, one	15.00
Globulin test	1.00	Metacarpal bones, each additional	5.00
Complete examination of spinal fluid, including complement fixation test, colloidal gold reaction, globulin test, and cell count	7.50	Metatarsal bone, one	15.00
Precipitation test for syphilis	2.00	Metatarsal bones, each additional	5.00
SPUTUM			
Tubercle bacillus (plain smear)	2.00	Nasal bones	20.00
Tubercle bacillus (concentration method)	3.00	Patella	40.00
STOMACH CONTENTS			
Examination of duodenal content for anaerobic ferments	5.00	Patella, when suture or plating is necessary	75.00
Examination of gastric content for acidity, by histamine	3.00	Pelvis	75.00
Examination of gastric content for pepsin	3.00	Pelvis, when suture or plating is necessary	125.00
Routine, chemical (including test meal and withdrawal of stomach content)	5.00	Radius or ulna, or both (including Colles' fracture)	40.00
URINE			
Chemical examination, routine	1.00	Radius or ulna, or both (including Colles' fracture), when suture or plating is necessary	75.00
Chemical and microscopical exami- nation	1.50	Rib, one	15.00
Chlorides	3.00	Ribs, each additional	5.00
Creatinin	3.00	Sacrum	50.00
Cultural examination, including classification of microorganism	3.00	Scapula	40.00
Hydrogen ion concentration	3.00	Skull	85.00
Mosenthal test	3.00	Sternum	40.00
Total nitrogen	3.00	Tarsal bone, one	15.00
Renal function test, (including phe- nolsulphonephthalein)	3.00	Tarsal bones, each additional	5.00
Tubercle bacilli	2.00	Toe, one	15.00
Urea nitrogen	3.00	Toes, each additional	5.00
Uric acid	3.00	Vertebra, one or more	100.00
Urobilin	1.00	Note.—These amounts include 15 days' routine after care, exclusive of hospital charges, anesthetic, and X-ray fees.	
MISCELLANEOUS EXAMINATIONS			
Animal inoculation for diagnosis, with report of autopsy	5.00	COMPOUND FRACTURES	
Preparation of autogenous vaccine	5.00	Carpal bone, one	20.00
Determination of basal metabolic rate	5.00	Carpal bones, each additional	10.00
SIMPLE FRACTURES			
Carpal bone, one	15.00	Clavicle	50.00
Carpal bones, each additional	5.00	Coccyx	40.00
Clavicle	40.00	Femur	100.00
		Femur, when suture, plating or nail- ing is necessary	125.00
		Fibula	50.00
		Fibula, when suture or plating is necessary	75.00
		Finger, one	25.00
		Fingers, each additional	10.00
		Humerus	60.00
		Humerus when suture or plating is necessary	100.00
		Malar bone	40.00
		Maxilla inferior (wiring if neces- sary)	100.00
		Metacarpal bone, one	20.00
		Metacarpal bones, each additional	10.00
		Metatarsal bone, one	20.00
		Metatarsal bones, each additional	10.00
		Nasal bones	30.00
		Patella	60.00

	Maximum amount allowed
15.00 Pelvis, when suture or plating is necessary	75.00
75.00 Pelvis	125.00
100.00 Pelvis, when suture or plating is necessary	150.00
40.00 Radius or ulna, or both	60.00
75.00 Radius or ulna, or both, when suture or plating is necessary	100.00
15.00 Rib, one	25.00
5.00 Ribs, each additional	10.00
40.00 Sacrum	75.00
75.00 Scapula	50.00
25.00 Skull, vault	100.00
75.00 Sternum	50.00
25.00 Tarsal bone, one	20.00
75.00 Tarsal bones, each additional	10.00
125.00 Tibia	60.00
75.00 Tibia, when suture or plating is necessary	100.00
15.00 Tibia and fibula	75.00
15.00 Tibia and fibula, when suture or plating is necessary	125.00
5.00 Tib, one	20.00
20.00 Tib, each additional	10.00
40.00 Vertebra, one or more	125.00
75.00 Note.—These amounts include 15 days' routine after care, exclusive of hospital charges, anesthetic, and X-ray fees.	

DISLOCATIONS

40.00 Carpal bone, one	15.00
75.00 Carpal bones, each additional	5.00
15.00 Clavicle	35.00
5.00 Elbow	35.00
50.00 Finger, one	10.00
40.00 Fingers, each additional	5.00
85.00 Hip	60.00
40.00 Knee	50.00
15.00 Maxilla inferior	15.00
5.00 Metacarpal bone, one	15.00
15.00 Metacarpal bones, each additional	5.00
5.00 Metatarsal bone, one	15.00
100.00 Metatarsal bones, each additional	5.00
10.00 Nasal bones	10.00
40.00 Orbita	40.00
15.00 Orbitis	75.00
15.00 Shoulder	15.00
40.00 Shoulder, recurrent or habitual	25.00
15.00 Tibial bone, one	15.00
20.00 Tibial bones, each additional	5.00
10.00 Thumb	15.00
50.00 Toe, one	10.00
40.00 Toes, each additional	5.00
100.00 Vertebra, one or more	75.00
125.00 Note.—These amounts include 15 days' routine after care, exclusive of hospital charges, anesthetic, and X-ray fees.	

AMPUTATIONS

75.00 Upper arm	75.00
60.00 Forearm	75.00
10.00 Finger, one	25.00
100.00 Fingers, each additional	10.00
40.00 Foot	75.00
10.00 Hand	75.00
100.00 Leg	75.00
20.00 High	100.00
10.00 Toe	25.00
20.00 Toes, each additional	10.00
10.00 Note.—These amounts include 15 days' routine after care, exclusive of hospital charges, anesthetic, and X-ray fees.	

ABSCESS
INCISION AND DRAINAGE

	Maximum amount allowed
Brain abscess	150.00
Carbuncle, excision of	20.00
Cellulitis, incision and drainage	25.00
Deep abscess (including ischio-rectal)	20.00
(Fee does not include usual 15 days after care. Additional charge may be allowed for after care.)	
Empyema, incision and drainage, including rib resection	100.00
Liver abscess	150.00
Oral abscess (not to include dental or periodontal)	15.00
Prostatic abscess, incision and drainage	50.00
Superficial abscess	5.00
(Fee does not include usual 15 days after care. Additional charge may be allowed for after care.)	
Subphrenic abscess	100.00
Note.—These amounts include 15 days' routine after care, exclusive of hospital charge, anesthetic, and X-ray fees.	

OPERATIONS

Abdominal fixation for prolapse of rectum	100.00
Adenectomy, cervical, inguinal, etc. (minor)	20.00
Adenectomy, cervical, inguinal, etc. (radical)	75.00
Anal fissure, operation for	40.00
Anastomosis, intestinal	150.00
Anastomosis, uretero-intestinal	150.00
Ankle joint, excision of	75.00
Apicectomy	100.00
Appendectomy	75.00
Arthroplasty, major joint	125.00
Biopsy	10.00
Bone graft (long bones)	150.00
Bone plate, removal of	35.00
Breast, resection of (simple)	75.00
Breast, resection of (radical)	100.00
Carcinoma of lower lip, excision of	50.00
Carcinoma of rectum, excision of	150.00
Carcinoma of tongue, excision of	75.00
Cardiopasm, dilatation for	25.00
Cartilage of condyle of femur, removal of	50.00
Semilunar cartilage, removal from joint	50.00
Cervix, amputation of	50.00
Cholecystectomy	100.00
Cholecystotomy	100.00
Choledochotomy	100.00
Chordotomy	125.00
Circumcision	15.00
Claw foot, operation for	50.00
Coccyx, excision of	40.00
Colostomy	100.00
Colporrhaphy	75.00
Cystotomy, suprapubic	75.00
Dupuytren's contraction, operation for	100.00
Elbow joint, excision of	75.00
Epididymectomy	40.00
Esophagus, dilatation of by means of Bougies or sounds	25.00
Femoral artery, ligation of	75.00
Focal fistula, abdominal, operation for	75.00

	Maximum amount allowed		Maximum amount allowed
Fistula, rectovaginal, operation for	75.00	Fixation of spine, operation for	
Fistula, urethral, operation for	25.00	(Albee or Hibb's)	150.00
Fistula, vesicovaginal, operation for	75.00	Splenectomy	100.00
Fistula-in-ano, operation for	50.00	Stricture of rectum, operation for	40.00
Fulguration of tumor of bladder,		Sympathectomy, cervical	175.00
trachea, or esophagus (minor)	25.00	Sympathectomy, periarterial	75.00
Fulguration of tumor, superficial	10.00	Tenorrhaphy, one	40.00
Gasserian ganglion, excision of	150.00	Tenorrhaphy, each additional	10.00
Gastrectomy (partial)	150.00	Tenotomy	25.00
Gastroenterostomy	150.00	Thoracotomy	50.00
Hallux valgus, operation for	25.00	Thoracoplasty, each stage	100.00
Hallux valgus, bilateral, operation		Thyroid artery, ligation of	50.00
for	40.00	Thyroidectomy	100.00
Hammer toe, operation for	25.00	Torticollis, operation for	75.00
Heart, operations on	150.00	Tumor, abdominal, removal of	125.00
Hemorrhoidectomy	40.00	Tumor of brain, operation for	200.00
Herniotomy, diaphragmatic	100.00	Tumor, gastrointestinal tract, resec-	
Herniotomy, ventral, inguinal, or		tion of, including intestinal anas-	
femoral	75.00	tomosis	150.00
Herniotomy, ventral, inguinal, or		Tumor or cyst, deep, removal of	25.00
femoral (bilateral)	100.00	Tumor or cyst, superficial, removal	
Hip joint, excision of	125.00	of	10.00
Hydrocele, aspiration of	5.00	Ulcer, gastric or duodenal, opera-	
Hydrocele, operation for	40.00	tion for	125.00
Hysterectomy, abdominal or vaginal		Ureteral stone, removal of	125.00
(including removal of adnexa, if		Urethral stricture, dilatation of	5.00
indicated)	100.00	Urethrotomy, external	40.00
Ingrown toenail, excision of	15.00	Urethrotomy, internal	25.00
Intestinal obstruction, operation for	100.00	Prolapse uteri, operation for, in-	
Knee joint, excision of	100.00	cluding perineal repair	100.00
Lamirrectomy	125.00	Uterine displacement, abdominal,	
Laparotomy, exploratory	75.00	operation for	100.00
Laparotomy and drainage, general		Uterus, dilatation and curettage of	50.00
peritonitis	125.00	Varicocele, operation for	40.00
Litholapaxy	75.00	Varicose veins, injection treatment,	
Lobectomy	150.00	each injection	5.00
Meckel's diverticulum, excision of	100.00	Varicose veins; one leg, operation for	60.00
Nephrectomy or Nephrotomy	150.00	Varicose veins, both legs, operation	
Nephropexy	150.00	for	100.00
Nerve, suture of	100.00	Venesection	15.00
Supraorbital nerve, injection of	10.00	Whitehead's operation	75.00
Neuroma, resection of	75.00	Wrist joint, excision of	75.00
Oleothrax	25.00		
Orchidectomy	50.00	Note.—(a) These amounts include	
Osteomyelitis, operation for	50.00	15 days post-operative care, exclu-	
Ovariotomy	100.00	sive of hospital charges, anesthet-	
Papilloma of bladder, operation for	75.00	ic, and X-ray fees. (b) When the	
Paracentesis of abdomen	15.00	appendix is removed incident to a	
Paracentesis of pericardium	20.00	laparotomy for another condition,	
Paracentesis of thorax	15.00	a maximum additional allowance	
Perineum, repair of	75.00	of \$25.00 may be made.	
Phrenic nerve operation	50.00		
Pneumolysis, extrapleural or intra-			
pleural	100.00		
Pneumonectomy	200.00		
Pneumonotomy, cautery	100.00		
Pneumoperitoneum, first induction	25.00		
Pneumoperitoneum, refills	10.00		
Artificial pneumothorax, first induc-			
tion	25.00		
Artificial pneumothorax, refills	10.00		
Prostatectomy, perineal	125.00		
Prostatectomy, suprapubic (one or			
two stages)	150.00		
Prostatic resection, transurethral	100.00		
Cisterna puncture, including local			
anesthetic and obtaining fluid	50.00		
Lumbar puncture, including local			
anesthetic and obtaining fluid	10.00		
Pyelotomy, with removal of calculus	150.00		
Pyloroplasty	100.00		
Salpingectomy	100.00		
Scalenotomy	50.00		
Sequestum, removal of (deep)	75.00		
Sequestum, removal of (superficial)	25.00		
Shoulder joint, excision of	75.00		
Skull, decompression of	100.00		

SURGICAL CARE OF TRAUMATIC WOUNDS

Incised	15.00
Lacerated	20.00
Punctured	15.00

Note.—These amounts include 15 days routine after care, exclusive of hospital charges, anesthetic, and X-ray fees.

ANESTHESIA

Avertin anesthesia	10.00
General Anesthetic	
(a) By visiting physician	10.00
(b) By interne or nurse	5.00
(In case of gas anesthesia, an additional allowance of \$5.00 may be authorized for the gas used.)	
Local anesthesia—No fee will be allowed for local anesthesia in cases which require a local anesthetic for examination, treatment, or surgical operation.	
Rectal anesthesia	10.00
Spinal anesthesia, including anesthetic	20.00

PRESCRIBE

Enterosan



The **ANTACID-DEMULGENT-ADSORBENT...**
Containing Pectin

Enterosan is Antacid-Demulcent-Adsorbent with a prolonged neutralizing action, rendering its greatest service as an aid in the treatment of gastric hyperchlorhydria, peptic ulcer, gastritis, and certain other types of gastro-intestinal dysfunction. In most of the diarrheas it has been highly successful. In colitis, it has proven valuable given by mouth and used as a retention enema. May be administered in either milk or water. . . Samples sent to physicians on request.

Two heaping teaspoonsful Enterosan contain: Magnesium Trisilicate—16 Gr.; Pectin (Apple)—16 Gr.; Kaolin (Colloidal)—32 Gr.; Karaya Gum—4 Gr.; Lactose—16 Gr.; Oil Peppermint to Flavor.

H. O. HURLEY CO., Inc. 914 S. 12th St., Louisville, Ky.

ETHICAL PRODUCTS FOR PHYSICIANS' USE ONLY—SINCE 1887



FOR CRANKY LITTLE JOHNNY JONES


*... who isn't
getting his iron*

HOW OVOFERRIN RAISES THE HEMOGLOBIN LEVEL

In the mouth . . . Pleasant and palatable, Ovocerrin is almost tasteless. Doesn't stain teeth or destroy tooth enamel.

In the stomach . . . Ovocerrin is stable, non-irritating. Non-ionizable, its colloidal structure remains practically unchanged by gastric juices, passes on ready for further assimilation.

In the intestine . . . Entering here in colloidal form, Ovocerrin iron is readily absorbed, utilized. A stable hydrous oxide without dehydrating or astringent action. No distressing side-effects, no constipation.



Colloidal Iron vs. Ionizable Iron

OVOFERRIN is non-ionizing, easily assimilable colloidal iron protein.

IRON SALTS may ionize, irritate the stomach, dehydrate and constipate.



JOHNNY JONES grows rapidly. There is constant demand for more and more iron to supply hemoglobin in his increasing volume of blood plasma, as well as a need to supply his body tissues with iron. Johnny's intake of iron may be limited by diet poor in iron; may be affected, too, by gastro-intestinal difficulties interfering with absorption.

As an aid in supplying needed iron in simple hypochromic anemia, Ovocerrin is an especially useful hematinic for the young; Ovocerrin's iron content is colloidal, acts without disturbing the child's digestive functions, and is readily assimilated. *Non-irritating, non-constipating*, tonic in effect. Ovocerrin is easy to take because it's a palatable solution, almost tasteless. *Doesn't stain teeth or destroy tooth enamel.*

Physicians prescribe Ovocerrin in iron deficiency states of the convalescent and the adolescent, for elderly patients, and in pregnancy and lactation.

Available at drugstores in 11 oz. bottles. Dosage: one tablespoonful in milk or water at mealtime and at bedtime.

OVOFERRIN

COLLOIDAL ASSIMILABLE IRON

MADE BY A. C. BARNES CO., NEW BRUNSWICK, N. J.

"Ovocerrin" is a registered trademark, the property of A. C. Barnes Co.

EYE OPERATIONS

	Maximum amount allowed
Cataract, needling operation for	50.00
Cataract, operation for	100.00
Chalazion, operation for	10.00
Corneal ulcer, cauterization of	10.00
Extensive peripheral corneal ulcer, cauterization of	20.00
Esotropion, operation for	50.00
Exotropion, operation for	50.00
Enucleation of eye	75.00
Foreign body, removal from con- junctiva (dissection)	15.00
Foreign body, removal from con- junctiva (magnet)	10.00
Foreign body, removal from cornea (dissection)	25.00
Foreign body, removal from cornea (magnet)	20.00
Foreign body, removal from eyeball (deep)	25.00
Gattage of lids for trachoma	5.00
Bordeolum, operation for	5.00
Lidectomy	75.00
Lacrimal duct, dilatation of	10.00
Lacrimal sac, excision of	50.00
Nerygium, operation for	40.00
Rosis, skin and tarsal resection, operation for	75.00
Strabismus, operation for	80.00
Note.—These amounts include 15 days routine after care, exclusive of hospital charges, anesthetic, and X-ray fees.	

EAR OPERATIONS

Mastoid acute, operation for	100.00
Mastoid, radical, operation for	125.00
Ossiculectomy	75.00
Paracentesis	20.00
Polypus, removal of	25.00
Lateral sinus, drainage of	125.00
Note.—These amounts include 15 days routine after care, exclusive of hospital charges, anesthetic, and X-ray fees.	

NOSE AND THROAT OPERATIONS

Adenoidectomy	20.00
Antrum, intranasal, drainage of	30.00
Antrum, radical, operation for	100.00
Soft palate, operation for	100.00
Uvulopexy, operation for	75.00
Tubation	25.00
Laryngectomy	150.00
Larynx, cauterization of	10.00
Tumor of larynx, removal of	100.00
Nasal polypus, removal of	25.00
Nasal septum, submucous resection of	50.00
Pharyngeal abscess, operation for	20.00
Accessory nasal sinuses, irrigation of	10.00
Ethmoid sinus, radical, operation for	75.00
Frontal sinus, intranasal, drainage of	50.00
Frontal sinus radical, operation for	100.00
Sphenoid sinus, drainage of	50.00
Tonsillar abscess, operation for	20.00
Tonsillectomy	35.00
Tonsillectomy and adenoidectomy	45.00
Tracheotomy	80.00
Turbinate bone, galvano-cauteriza- tion of	20.00
Turbinectomy	25.00
Note.—These amounts include 15	

days routine after care, exclusive
of hospital charges, anesthetic,
and X-ray fees.

X-RAY WITH INTERPRETATION

	Maximum amount allowed
Abdomen, flat plate	7.50
Ankle joint, anteroposterior and lateral views	5.00
Arm, humerus, anteroposterior and lateral views	5.00
Bladder, with injection, anteropos- terior view	10.00
Chest, for pulmonary, cardiac or rib fracture diagnosis, plain	7.50
Chest, for pulmonary, cardiac or rib fracture diagnosis, stereoscopic	10.00
Clavicle, anteroposterior view	5.00
Elbow, anteroposterior and lateral views	5.00
Fluoroscopy, when required, without film	5.00
Foot, anteroposterior and lateral views	5.00
Forearm, radius and ulna, antero- posterior and lateral views	5.00
Foreign body in eye, location of (the fragment charted in three planes and its dimensions ascertained by the method of Sweet or equivalent)	25.00
Gall bladder, Graham technic, in- cluding cost of dye	15.00
Gastrointestinal tract, complete X-ray study including fluoroscopy	25.00
Hand, anteroposterior and lateral views	5.00
Hip joint, anteroposterior view, plain	7.50
Hip joint, anteroposterior view, stereoscopic	10.00
Intestine, barium chyloma, 14 by 17 films for position and outline	10.00
Jaw, upper and lower	5.00
Kidneys, right and left for com- parison	7.50
Knee joint, anteroposterior and lat- eral views	5.00
Leg, tibia and fibula, anteroposte- rior and lateral views	5.00
Lipiodol injection for bronchiectasis, etc., including roentgenograms	20.00
Pelvis, anteroposterior view, plain	7.50
Pelvis, anteroposterior view, stereo- scopic	10.00
Pyelography, using uroselectan or similar preparation (including cost of drug)	15.00
Pyelography, retrograde	25.00
Scapula	5.00
Shoulder joint, anteroposterior view, plain	5.00
Shoulder joint, anteroposterior view, stereoscopic	10.00
Sinuses, frontal and ethmoid, antero- posterior and lateral views	10.00
Sinuses, mastoid, right and left sides for comparison	10.00
Sinuses, maxillary anteroposterior and lateral views	10.00
Sinuses, frontal, ethmoid and maxil- lary, anteroposterior and lateral views	15.00
Skull, anteroposterior and lateral views, plain	10.00
Skull, anteroposterior and lateral views, stereoscopic	15.00
Spine, cervical, anteroposterior and	

Walker's
MINERALIZED
VITAMIN TABLETS
 8 Vitamins and
 6 Minerals
 in 1 small tablet

Noteworthy-

FOR NUTRITIONAL SUPPLEMENTATION BECAUSE

- RETAILS FOR ONLY \$1.80**

WALKER VITAMIN PRODUCTS, INC.
MOUNT VERNON, NEW YORK



	Maximum amount allowed		Maximum amount allowed
lateral views	7.50	Services of graduate registered nurse, per day	6.00
Spine, dorsal, anteroposterior and lateral views	10.00	(.) An additional allowance of \$1.50 per day may be authorized for board and room	
Spine, lumbosacral, with coccyx, anteroposterior and lateral views	10.00	Occupational therapy, per diem—contract	0.25
Spine, entire	22.50	Operating room, use of	10.00
Stomach, barium or bismuth meal, 14 or 17 film; after ingestion, four 8 by 10 films for detection of duodenal cap; total of five films, including fluoroscopy	20.00	(This item is to be considered only in instances where the per diem rate is not applicable.)	
Teeth, single (up to and including 7 films) each	1.00	Per diem allowance for bed in private room	5.00
Teeth, series (7 films to and including full mouth) series	7.00	(when condition of patient makes necessary)	
Thigh, femur, anteroposterior and lateral views	7.50	Per diem allowance for bed in semi-private room	4.00
Wrist, anteroposterior and lateral views	5.00	(when condition of patient makes necessary)	

INTERPRETATION OF ROENTGENOGRAMS

Bones and joints, plain anteroposterior and lateral views	3.00	Per diem allowance for bed in ward	3.00
Chest for pulmonary diagnosis, plain or stereoscopic	3.00	Physiotherapy, per treatment	2.00
Gastrointestinal series	3.00	(No combination of physiotherapy treatments given a patient at any one time shall exceed \$3.00 per day)	
Genitourinary tract	3.00	Application of plaster case, chest (including material)	10.00
Kidney films	3.00	Application of plaster cast, thigh and hips (including material)	25.00
Skull, following ventriculography or encephalography	3.00	Application of plaster cast, thigh and leg (including material)	5.00

X-RAY AND RADIUM THERAPY

Radium therapy, per milligram hour (Minimum fee \$5.00; maximum expenditure allowed not to exceed \$100.00; where additional treatments are necessary, special authority must be obtained from Central Office)	0.05	Application of plaster cast, torso (including material)	15.00
X-ray therapy, deep, per treatment	10.00-25.00	Application of plaster cast, torso and hips (including material)	20.00
Maximum expenditure allowed not to exceed \$100.00; where additional treatments are necessary, special authority must be obtained from Central Office)		Application of plaster cast, torso, entire body, (chest to feet, including material)	40.00
X-ray therapy, superficial	5.00	Application of plaster cast for disease or injury of vertebrae including material	15.00
		Protein desensitization treatment, including allergen	2.00
		Spinal medication, any type, as with meningococcus serum, salvarsan, etc., (exclusive of cost of drug or biological)	15.00
		Surgical assistant's fee, except for unusual condition	10.00

MISCELLANEOUS

Ambulance service—trip within city limits—day or night rate, per trip	5.00		
Ambulance service—trip requiring travel beyond city limits—rate per mile beyond city limits, one way only; this in addition to rate per trip within city limits	0.50		
Blood transfusion	35.00		
Amount allowed for blood furnished, when not donated, per 100 c.c.	5.00		
Colonic irrigation	3.00		
Non-surgical drainage of the gall bladder	2.00		
Electrocardiograms, interpretation of	3.00		
Hypodermoclysis	10.00		
Making impressions for arch support, per foot	1.50		
Injection of alcohol, trigeminal nerv	35.00		
Intravenous injection, exclusive of cost of drug	3.00		

VISITS

Visit to home or hospital	3.00
Night visit away from office	5.00
Office visit	2.00
Visit out of city or town for examination or treatment. In addition to the fee for examination or treatment there may be authorized \$3.00 per hour for actual time consumed in travel plus actual expenses of transportation.	
Consultation—only by authority from central office, except in emergency	25.00
In addition \$3.00 per hour for actual time consumed in travel when consultant is required to make visit beyond city limits. This in addition to actual expense of travel.	

Hay Fever Relief

begins in 10 minutes

with a simple 6 gr. tablet of
1/24 gr. ephedrine hydrochloride, NaCl,
NH₄Cl, KCl.

OF course, you don't believe it and
neither did we until we were con-
fronted with repeated clinical proof and
then for three years—repeated, increas-
ing sales to doctors.

CHECK this tablet for yourself, as we
have done and let results convince
you.

"Trial is proof"

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Orangeburg, N. Y.

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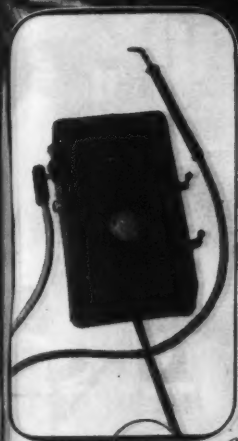
Sample Nakano Bell, please.

Dr.

Address

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Strike!



The line sings...the reel spins...the battle is on. Strong hands grip the rod, confident of their own skill and the sure performance of well-made gear... a rod and reel treasured in pride of possession.

The Birtcher Hyfrecator is a compact, high frequency electrodesiccation unit which simplifies office procedures...helps you get more done in less time.

Quick, easy-operation...no fore and after treatment...excellent cosmetic results. Removes warts, moles, superfluous hair without noticeable scars or blemishes. Scores of other uses. \$37.50 complete.

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CHEPLIN PENICILLIN

We take pride in the new \$3,000,000 Cheplin Penicillin laboratories, but we take even greater pride in our staff of scientists who manage and operate them.

Less than two years ago there was a cornfield where these laboratories now stand. A group of hand-picked scientists composed of bacteriologists, pharmacologists, medical men, toxicologists, chemists and chemical engineers, working as a team have created Cheplin Penicillin.

To our staff goes full credit for making Cheplin one of the largest producers of penicillin in the world. When you need penicillin—specify Cheplin, the achievement of teamwork in science.



CHEPLIN
LABORATORIES INC.

Underwriters Suggest What Medical Insurance Should Cost and Cover

Voluntary coverage, they are confident, can offset need for a Federal plan

"Principles upon which medical insurance should be based" are enunciated in the second report of the medical insurance committee of the Health and Accident Underwriters Conference. This committee, under the chairmanship of H. E. Curry, has been making a continuing study of sickness insurance with the idea of determining what types of coverage might best be promoted in an effort to forestall a compulsory Government program.

Numerous conferences have been held with representatives of the medical profession. A conscientious effort has been made, it is said, to evaluate medicine's concept of a workable and worthwhile approach to the problem.

The second report of the committee says, in part:

"Medical insurance is virtually

a new field of protection. This indicates the lack of actuarial data on which costs can be accurately predicted.

"The present report outlines procedures for writing medical insurance on a basis which will provide worthwhile coverage at moderate cost and at the same time afford reasonable safeguards to the insurance carrier. In this connection, certain fundamental facts emerge upon which an adequate medical insurance program should be built. These are as follows:

¶ "The term 'insurance' does not necessarily contemplate a service which completely indemnifies the insured for inconsequential losses or expenses. Instead, it signifies a device for the alleviation of losses of a catastrophic nature.

¶ "The insured should not be re-

THREE BASES OF MEDICAL INDEMNITY SUGGESTED BY THE HEALTH AND ACCIDENT UNDERWRITERS CONFERENCE

Indemnity Payable Per Call		Aggregate Indemnity Payable For Each Illness	Pure Premium Per Month
At Home	At Office		
\$3.00	\$2.00	\$150.00	\$0.24
4.50	3.00	225.00	0.36
6.00	4.00	300.00	0.48



Shells of Mercy

Surgical supplies go into these shells of mercy. Fired to soldiers fighting in isolated pockets, they help keep open that vital life line of medical aid.

● Behind countless new developments in the care of our fighting men is the military medical man. His "war" goes on even when the guns are silent. His rest periods very often are limited to moments with a cigarette. More than likely the cigarette is a Camel, for Camels are a service favorite around the world.



Camel

R. J. Reynolds Tob. Co.
Winston-Salem, N. C.

Castles Tobacco



ETHYL CHLORIDE U.S.P.

IN *Gebauer's* **AMBER GLASS CONTAINERS**

Professionally preferred for its purity, 4 fl. oz. and 2 fl. oz. containers at all surgical supply stores.

THE GEBAUER CHEMICAL COMPANY
9410 ST. CATHERINE AVE. • CLEVELAND, OHIO

NUMOTIZINE

LONG LASTING TOPICAL
ANALGESIC-DECONGESTIVE
TREATMENT

—when applied early in the course of an inflamed lesion—relieves pain, promotes localization, reduces congestion.

A single application of Numotizine lasts for a period of eight hours or more—particularly convenient for treatment throughout the night.

In 4, 8, 15 and 30-oz. jars at prescription pharmacies.

stricted in his selection of the person or persons who administer to his illnesses or injuries.

¶ "The medical profession seems primarily interested in a medical insurance plan in which the insured assumes the obligation for payment of the first few calls in connection with each illness.

¶ "The coverage offered should be relatively free from limitations and restrictions.

¶ "The cost should be kept within the range of the largest possible segment of the population.

¶ "The cost of administration should permit the majority of the premium dollar to be available for the payment of losses.

"Until the companies have accumulated experience data, medical insurance on an individual basis should be held to the lowest practicable minimum. The most desirable classification is the regular group class composed exclusively of employed individuals.

"All carriers should grant medical insurance on a uniform basis. The accompanying table shows the three bases of indemnity suggested by the committee and the pure premiums required. It will be noted that the proposed coverage contemplates that the cost of the first three calls, either home or office, will be deducted from the total medical expense incurred in each illness. 'Pure premium' refers only to that portion of the gross premium available for the payment of losses. To this must be added the expense of conducting the business. For example, if a carrier contemplates a 50 per cent expense ratio, the pure premium quoted will have to be doubled.

"Medical insurance should be

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Now you can administer full and frequent doses of vitamin C without the irritative and undesired effects that frequently result from large doses of ascorbic acid.

The Van Patten Pharmaceutical Company takes pride in offering the medical profession SODASCORBATE Tablets (sodium ascorbate)—the first to provide oral administration of a stable vitamin C in neutral form. Each tablet contains 120 mg. of sodium ascorbate, equivalent in vitamin C activity to 100 mg. (or 2000 U.S.P. units) of ascorbic acid.

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The average dose for adults and children over 12 years is one tablet three times daily, or as indicated by the condition. For children under 12, one-half tablet. This may be dissolved in milk for babies and young children. Each SODASCORBATE Tablet is scored to permit ready adjustment of dosage.

Supplied in bottles of 40 and 100 tablets, as well as in "hospital-size" bottle containing 500 tablets. For professional samples and covering literature, sign and mail the coupon.



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New Horizons in Vitamin C Therapy. Our 32 page monograph, just off the press, offers information concerning newest developments in Vitamin C therapy—comprehensively—authoritatively. 144 bibliographical references make this publication a valuable addition to the physician's library. Mail coupon for your copy, together with professional samples of SODASCORBATE.

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made available to all members of the family. Studies of available data indicate no justification for a differentiation in rate by sex or age. Efforts should be made to use uniform forms for reporting claims within and between carriers. Exclusions should be held to a minimum.

"A previous recommendation of this committee that a minimum standard coverage be adopted and such coverage be designated by a distinctive seal or other device is being given further study."

Included in the medical insurance committee's report is suggested phraseology to be used as a guide in drafting policy forms. This encompasses the wording of a basic policy and medical riders for wife, dependent children, and dependent family.

In addition to its medical insurance committee, the Health and Accident Underwriters Conference has a hospital insurance committee—which has also issued a recent report. Following are some highlights:

Of 117 insurance companies that are members of the Health and Accident Underwriters Conference, 85, or almost three-fourths, are said now to be writing individual or group hospital insurance. Still others plan to enter the field.

Thirty days is apparently the most common hospitalization period covered. Sixty-eight of 114 policies studied pay limits specified for each accident or illness requiring hospitalization, while the other 46 pay the limit for "any one policy year." Most of the 114 policies have either a surgical schedule included in them or one which is available as a rider for an additional premium.

What Evidence Is Admissible In a Malpractice Case?

*And, equally important, what evidence is
not admissible? Here's the answer*



Evidence not proceeding from the personal knowledge of the witness, but from the mere repetition of what he has heard others say, is hearsay evidence, and is generally inadmissible.

A hearsay statement does not become competent by reason of the fact that it is printed, even though it appears in the responsible form of a book, and even though such a book is a treatise by an author of standard authority on a scientific subject.

A party must ordinarily object to inadmissible evidence. In fact, failure to make an objection constitutes a waiver. The objection should be specific; the general objection "relevant, incompetent, and immaterial" does not indicate the alleged defect in the evidence.

Children over ten years of age are competent; those under ten may be incompetent if it appears to

the court that they cannot recollect and truthfully relate their impressions of the facts. Persons of unsound mind may be incompetent; the test is understanding of the oath, and ability to recollect and narrate.

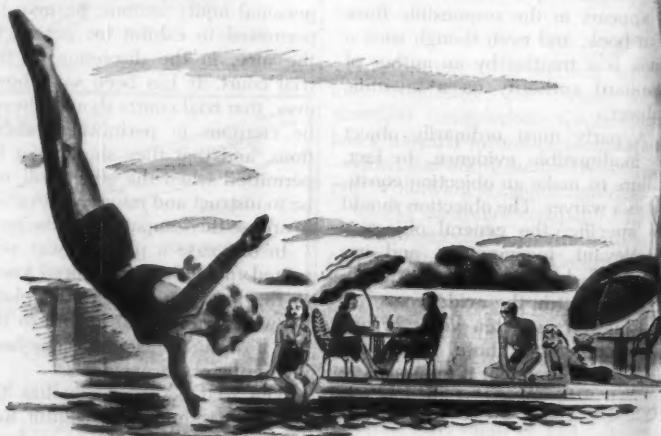
Where the physical condition of an individual is in question, as in personal injury actions, he may be permitted to exhibit his person to the jury, in the discretion of the trial court. It has been said, however, that trial courts should always be cautious in permitting exhibitions, and that they should not be permitted when the effect will not be to instruct and inform, but rather to arouse the sympathies of the jury.

In one case a plaintiff was permitted to exhibit her injured knees to the jury. In another, the plaintiff was permitted to exhibit to the jury a rupture alleged to have been the result of an accident.

The trial court usually has the power to require the plaintiff in a personal injury action to undergo a physical examination at the request of the defendant; and testimony as to the findings is admissible. Examination of the person of the plaintiff in a large number of states is regulated by statute. In states where no such regulation is in ef-

► This article approximates a portion of the author's book, "Medical Malpractice" (C. V. Mosby Co.). All opinions are based on rulings in actual cases, and include the findings of jurisdictions in many states.

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It follows naturally, therefore, that the modern, well equipped U. D. laboratories should operate under one of the most stringent and efficient systems of quality control employed in the production of fine pharmaceuticals. Based on practical experience, and developed over a long period of years, this plan is supervised by the competent Formula Control Committee of chemists, chemists and pharmacists. Withstanding all safety measures applied in the development process, every formula under the famous

U. D. label is finally subjected to the professional scrutiny of this Committee and must meet this group's exacting standards.

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fect, the preponderance of authority supports the right of the trial court to make such an order.

As a part of a physical examination before trial in one case, the defendants sought to compel the plaintiff to submit to a cystoscopic examination. From an order denying that right, the defendants appealed. The court said that while persons had been compelled to submit to a roentgen examination, and to the taking of a few drops of blood, the court had refused to compel a plaintiff to submit to certain exercises and breathing tests or to eat a barium meal to assist in obtaining a roentgenogram of the stomach. The defendant's request for a cystoscopic examination was denied.

A medical witness, to refresh his recollection while testifying, may properly consult notes he made at the time of the treatment to which they relate. But neither he nor counsel of the party calling him should be permitted to read those notes to the jury.

Statements contained in medical books cannot usually be used in evidence, and counsel may not read

to the jury from such books. However, this rule is subject to an exception:

When a witness refers to a treatise as corroborating his testimony, or bases his opinion thereon, the witness may be cross-examined as to the contents of the book. But if the physician testifying as an expert has not referred to any book or named any book as an authority or as one on which he relied, it is not competent on cross-examination to go into the contents of medical books.

Nor can the admission of evidence from a medical book be secured indirectly by asking a medical expert whether extracts read to him from such a treatise are accurate statements of the facts.

The general rule is that, in the absence of a statute, hospital records are not admissible in evidence. In several cases, even in those states which do not follow the general rule, it has been held that a hospital record is protected by the privileged communications statute and is therefore inadmissible in all cases where the privilege has not been waived.

Evidence that the defendant phy-

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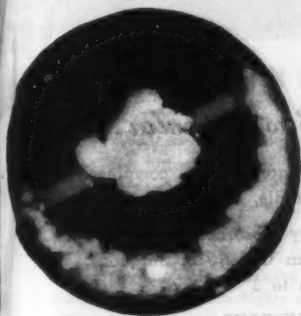
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Note for the seashore season:

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Mazon and Mazon Soap act quickly to bring Athlete's Foot infections under control. This simple treatment provides relief from the distressing irritation and promotes rapid clearing of the affected area.

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Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease. Mazon is anti-pruritic, anti-septic, anti-parasitic. It is easy to apply and requires no bandaging.

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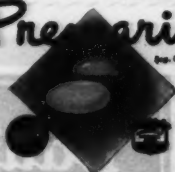
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sician in a malpractice action has been sued before in a similar action is inadmissible. Likewise inadmissible in a malpractice suit is evidence of good character. One court has said: "It is difficult to see, on principle, how the general character of the surgeon can ever be material to the inquiry whether he has been guilty of malpractice in a particular case; because it is certain

that though he be the merest pretender to surgical skill, the veriest quack—yet, if by chance he treats the particular case correctly, he is not guilty of malpractice; and, equally, though he be a master in his profession, yet, if through neglect to apply his skill in the particular case, he treats it improperly, the patient may have his action."

—LOUIS J. REGAN, M.D., LL.B.

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To stimulate sound, practical ideas on the business or non-scientific side of medicine, from which the profession as a whole may benefit, MEDICAL ECONOMICS offers \$100 for each acceptable 2,500-word article. Shorter or longer articles will be paid for at the same rate but in accordance with length as published. Writers who wish to remain anonymous may do so. Articles will be judged solely on the value of the ideas they contain. Address Article Editor, Medical Economics, Inc., Rutherford, New Jersey.

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STANDARD FOR BLOODPRESSURE

Can any infant cereal match this one?

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Pre-cooked... ready to serve

Clapp's Instant Cereal is prepared from mixed cereals, fortified with vitamins and minerals, notably vitamin B₁ (thiamine) and Iron, in which the diet of infants and young children may be deficient.

INGREDIENTS

Whole Wheat Meal • Malt • Dicalcium Phosphate • Corn Meal • Dried Milk Solids • Salt • Wheat Germ • Dried Brewers' Yeast • Iron Ammonium Citrate.

1 ounce of Cereal contains not less than 100 U.S.P. units vitamin B₁ and 0.18 milligrams vitamin G.

TYPICAL ANALYSIS

Carbohydrate 71.7%	Moisture 5.7%
Protein (N x 6.25) 16.0%	Calcium (Ca) 0.34%
Fat (ether extract) 1.2%	Phosphorus (P) 0.50%
Ash (total minerals) 3.8%	Iron (Fe) 0.021%
Crude Fiber 1.6%	Copper (Cu) 0.002%
	Calories per avoird. ounce 102.

NUTRITIONAL VALUES

$\frac{1}{2}$ -oz. and 1-oz. quantities may be considered average daily amounts for the infant and young child respectively. These amounts furnish the following percentages of the minimum daily requirements:

INSTANT CEREAL: For infants, 60% of vitamin B₁; 18% of vitamin G. For young children, 60% of vitamin B₁; 80% of Iron; 12% of Calcium; 35% of Phosphorus.



The Council on Foods and Nutrition of the A.M.A. suggests that infant cereals may well be selected upon the basis of furnishing vitamin B₁ and Iron. Clapp's Cereals are an excellent source of these two food elements and thus are preferred for inclusion in infants' diets.

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The Newsvane

SOCIETY ELECTIONS. The procedure of electing officers by a nominating committee is "neither democratic nor in keeping with the best interests of the society," the Bulletin of the Omaha-Douglas County (Neb.) Medical Society has warned its members. "Time was when the election was the most interesting and best-attended meeting of the year, but it has become a stereotyped, behind-the-scenes affair. The cry has been heard repeatedly that there is no use going to an election meeting, since the incoming officers, for all practical purposes, are appointed by the retiring president through his nominating committee. It has happened in years past that candidates elected to office have shown no interest in society activities, and in some cases have not even considered it important enough to attend the meeting at which their candidacy was to be considered."

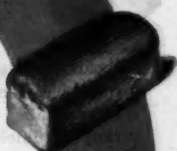
DISABILITY INSURANCE. A new form of disability insurance policy, written on a family basis, might do much to offset the threat of Federal medicine, asserts W. A. Case, of the Inter-Ocean Casualty Company. He describes its potential field of sale as "vast" and points out that if the policy were issued only to entire family groups, the carrier would be able to spread its risk considerably and not have it

concentrated in the one person in a family most likely to become disabled.

Mr. Case's projected contract would include provisions for (1) hospitalization; (2) medical expense indemnity; and (3) partial income indemnity. He suggests a \$10 or \$20 deductible provision, with maximum liability limited to perhaps \$500 or \$1,000.

FOILS JAPS. Secretly caring for 23,000 Guamians, Dr. Ramon M. Sablan, American-educated native, daily risked his life on Guam during the Japanese occupation. Working at night, after slipping away from a concentration camp, he delivered more than 150 babies, performed a number of operations, and employed a hidden store of American drugs to alleviate suffering. He risked being shot on sight.

FISHBEIN. "Any man who occupies a responsible position will have certain people cuss him and others admire and respect him," Dr. Vincent Williams, editor of the Jackson County (Mo.) Medical Society Bulletin recently declared. "As far as Morris Fishbein is concerned, I belong in the latter group. This is no flash-in-the-pan *amour*; it is solid admiration—the result of long observation. Through the years, no one has used his high position with greater skill, for higher ideals, or



PRIVINE IN ALLERGIC RHINITIS

Whether the seasonal type of allergic rhinitis is due to a sensitivity to pollens of the common trees, grasses or ragweeds, or whether the perennial type is caused by animal danders, vegetable powders, house dusts, foods or drugs ...PRIVINE* (Naphazoline) is extremely effective for shrinking the pale, swollen and "water-logged" nasal mucosa without compensatory swelling.

This aqueous, isotonic solution, buffered at pH 6.2, adjusts the alkaline secretion to normal acid range, and produces prompt and prolonged symptomatic relief for 2 to 4 hours without reapplication.

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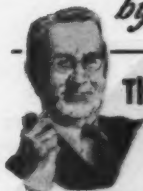
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From where I sit ... by Joe Marsh



The Walters are a One-Family USO

Saturday night is open house for service men at Dr. and Mrs. Walters'. They spread out sliced turkey and chicken, hotbreads and cake, sweet cider and ice-cold beer—and let any service man who wants to, come and help himself.

Some townsfolk were doubtful when they heard about it. Thought the fellows might get obstreperous or take advantage of the Walters' hospitality. But the men are quick to recognize that here's a real American home, where friendliness and moderation are just naturally observed.

And do they appreciate it! A touch of home life, hospitality, good food, a pleasant glass of beer or cider—and afterwards maybe a sing around the piano, or a chat before the fire.

From where I sit, a lot more families could take a tip from the Walters', and give our service men a chance to spend off hours in homelike surroundings, in an atmosphere of moderation and good fellowship.

Joe Marsh

Copyright, 1945, United States Brewers Foundation

with better effect. And no one has abused his opportunities fewer times for personal or selfish purposes.

Unionized M.D.'s Retain Society Membership

*New York CIO members are on
health department payroll*

One hundred and twenty-five American physicians, all carrying union cards, would make a startling picture. Yet it is one that any photographer could take. He would simply click his shutter at the members of the Physicians and Dentists Committee, Local 111, of the State, County and Municipal Workers of America—a CIO affiliate.

These men, all residents of Greater New York, are employed by the city health department. They work on a part-time basis at schools, at baby stations, and in tuberculosis, venereal disease, eye, heart, and other services. Associated with them in the union are twenty-five dentists.

The physicians give three hours a day, five days a week to their health department patients. For this they receive \$6 per three-hour day, or \$2 an hour (U.S. physicians in 1943 averaged, net, about 25 per cent more than this).

Although conservative members of organized medicine in New York have frowned upon their confreres' association with the CIO, the union men have never been turned out of their county or other professional societies.

When not engaged in their three-hour stint for the city, these CIO

SUPER-SEAL VITAMINS

Super-Seal Vitamins are not ordinary pellets, but a definite advance in tablet engineering. The construction is unique with respect to the architectural segregation of the water soluble from the fat soluble vitamins. An inner, enteric type sugar coating makes each vitamin available in its respective medium, i.e., the fat solubles in the alkaline medium of the intestines and the water solubles in the acid medium of the stomach.

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(WITH A AND B₁)

The employment of vitamin C in allergies is recommended by various investigators, though scientific opinion differs regarding its definite effects.

In the efficient management of Hay Fever, Rose Fever, Eczema, Contact Dermatitis, a co-existing condition may call for therapeutic doses of vitamin C.

"Super-Seal "C" with A and B₁" provides vitamin C in high potency — assuring adequate strength for clinical control of conditions arising from a deficiency of this vitamin. Each pellet contains: 125 mgm. vitamin C; 1.5 mgm. vitamin B₁; 2500 USP units vitamin A.

Suggested Dosage — Initially, 4 to 8 pellets per day, gradually reduced after ten days to a maintenance dose of 2 per day.

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Control of pain by parenteral administration of opiates is not always desirable when this control must be exerted over long periods. While the effect of injected drugs is exerted more promptly and reaches its maximum more quickly, the action also diminishes with comparative rapidity.

Papine, presenting the anodyne influence of the opiates is administered orally, in dosage easily adjusted to the need. Its action is more sustained and is easily kept on a more even level. In addition, it obviates the fear of injection encountered in so many patients.

Each fluid ounce of Papine contains: morphine hydrochloride, 1.0 gr.; chloral hydrate, 3.35 gr.; in a palatable vehicle which effectively masks the unpleasant taste of the active ingredients.

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doctors are, of course, free to engage in private practice.

M.D. Protests Reprimand for Newspaper Story

*Holds personal interview no
concern of county society*

Dr. E. C. White, Kansas City, Mo., has taken exception to an official disclaimer published in his county medical society bulletin. The periodical stated that an interview he granted a newspaper reporter had not been sanctioned by the county society and that the resultant story should have been cleared through the proper society committee.

"Yes," he replied, "I was interviewed by a representative of the Star; he wanted to know something about the EMIC, the increase in the birth rate, etc.

"I was the one being interviewed, not the Jackson County Medical Society. I did not refer a single time to the society or to its policies, nor was the name of a single member mentioned. It was a plain, matter-of-fact news story, based on fact with human interest added and properly seasoned. At least the Star thought enough of it to evoke a splendid editorial in Monday's edition.

"I see no reason for the society disavowing the article. The ethics and principles of the society were not mentioned, and certainly not impugned. As a matter of fact, I never even thought of taking it up with anyone.

"If it is to be the policy of the society that every little news story relative to a doctor or to the prac-

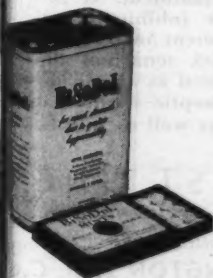
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I RECOMMEND BISODOL**



Gas, heartburn, upset stomach, nervous indigestion due to gastric hyperacidity are relieved promptly by BiSoDoL.

BiSoDoL is an effective antacid alkalizer, quick-acting in cases of stomach distress due to excess gastric acid.

More and more physicians are finding BiSoDoL a valuable ally. In both powder and tablet form.



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Cervicitis

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**Tyree's
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Tyree's is the preparation of choice in the treatment of leucorrhea, cervicitis, vaginitis, trichomonas vaginalis and other vaginal disorders; for routine hygiene, and as follow-up after office treatment. It is a powerful yet safe inhibitory antiseptic, highly efficient in removing infection and thick tenacious mucus, and can be used as an all purpose healing antiseptic solution or dusting powder, as well as douche.

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Makers of Cystodyne (Tyree) used in treatment of

G. U. Infections, and Tyree's Antiseptic Powder

15TH AND H STREETS, N. E., WASHINGTON 2, D. C.



Successful Therapy at the Site of Infection

"The purpose of therapy is to achieve an adequate concentration of sulfonamide where it will do the most good."†

For effective and unusually safe local chemotherapy in oropharyngeal infections—

White's SULFATHIAZOLE GUM*

When a single tablet chewed for one-half hour provides a high salivary concentration (average 70 mg. per cent) of fully active sulfathiazole that is maintained in immediate contact with infected oropharyngeal areas throughout a period of chewing. Moreover, resultant blood levels of the drug, even at maximal dosage, are so low (rarely reaching 0.5 to 1 mg. per cent) that systemic toxic reactions are virtually obviated.

INDICATIONS: Local treatment of sulfonamide-susceptible infections of oropharyngeal areas:

acute tonsillitis and pharyngitis;
aplastic sore throat;

c. infectious gingivitis and stomatitis;
d. Vincent's angina.

Also indicated in the prevention of local infections secondary to oral and pharyngeal surgery.

DOSAGE: One tablet chewed for one-half to one hour at intervals of one to four hours depending upon the severity of the condition.

Available in packages of 24 tablets, sanitized, in slip-sleeve prescription boxes.



IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.

†Mayer, Jr., S.: Clinical Use of the Sulfonamides, Western J. of S.O.A.G., 52:213-217 (May) 1944.

*A product of
WHITE LABORATORIES, INC.
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NEWARK 2, NEW JERSEY

tice of medicine is to be funneled through certain sequestered channels, then may I suggest that when a criticism is offered it be through the proper channels also, and not through subsidiary outlets."

VERBOSITY. Wordiness in medical journal articles has been castigated by Dr. Sam H. Snider, who complained to the Jackson County (Mo.) Medical Society that he was badly impressed by the verbosity of physician-writers. "One article I recently read—and it was fairly brief—had a sentence containing sixty-nine words. Other sentences contained fifty-eight, fifty-two, and forty-eight words. They were so long it was practically impossible to make any sense out of them. Was the essayist endeavoring to cover a lack of sense with a profusion of language?"

"TAG, YOU'RE IT!" George W. Perrault, medical corpsman, was running across an Okinawa field, carrying a plasma kit. Suddenly, four Japs confronted him, and one reached for a hand grenade. The corpsman let fly his metal plasma kit, knocked the threatening Jap unconscious, and darted away from the others. Then he retraced his steps to the supply dump, obtained

another plasma kit, and started out again.

'N.p.' Label Seen as Degrading to Vets

Army orders use of more specific terminology

The Army's dropping of the inclusive term "psychoneurosis," in diagnosis has been attributed at least in part to pressure by groups who have been publicly advancing the interests of the veteran. Medical officers will henceforth use more specific terminology (e.g., "acute exhaustion," "combat fatigue," "compulsive reaction.")

The newspaper PM has alleged that the "main reason for dropping 'psychoneurosis,' it appears, is the gross abuse of the word by some Army officers, who pinned the label on bad actors, trouble-makers, or men they disliked, as a convenient device for getting rid of them."

Other reasons advanced for the directive:

¶ Neuropsychiatric diagnosis may lead to unnecessary discharge of men who could be rehabilitated.

¶ Such diagnoses have often been faulty, since they were not made by psychiatrists, but nevertheless re-

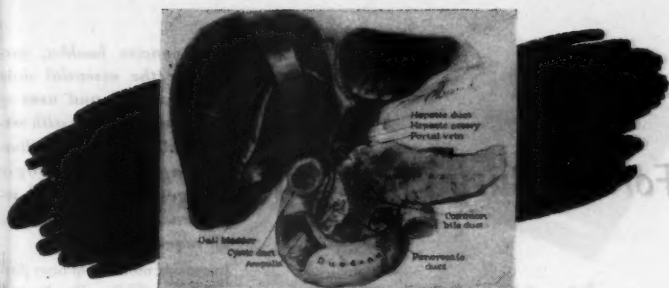
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New Clinical Studies in Hepato-Biliary Dysfunction

*In a careful clinical study
of more than 500 patients,
the authors* report*

included hepatitis with and without jaundice, chronic cholecystitis with and without stone, cirrhosis, post-surgical biliary states, diabetes mellitus, Banti's syndrome and chronic passive congestion of the liver . . .

"The extract (Sorparin) was shown to improve glucose tolerance . . . in hepatic disease." Dyspeptic symptoms were usually dispelled.

"... the extract (Sorparin) was absorbed from the intestinal tract in the absence of bile.

"... no instances of toxicity . . . were found."

"SORPARIN was found to be most effective clinically with those patients suffering from liver disease, primary or secondary. The specific conditions

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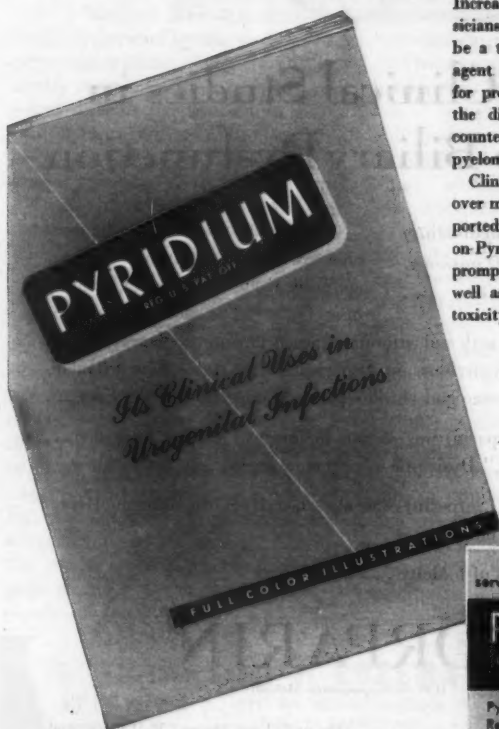
(Ext. *Sorbus aucuparia* McNeil)

*Supplied in tablets each containing 3 gr.
Sorparin. Bottles of 100, 500 and 1000.*

*DeLor, C.J. and Means, J.W.: Clinical Studies on the Berry of *Sorbus Aucuparia*. Rev. Gastroenterol., 11:319-327 (Sept-Oct) 1944.

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This concise booklet, presenting the essential data on the action and uses of Pyridium, together with several full color plates illustrating the pathologic changes in urogenital infections, will be sent to you on request.

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More than a decade of service in urogenital infections

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A PRIMARY NEED IN ANTARTHRITIC THERAPY

Recognition of the systemic nature of chronic arthritis and its multi-phasic involvement has led to the present method of treating the arthritic patient as a whole, not merely the involved joints.

A complete program of rehabilitation is needed—one which includes orthopedic measures, elimination of foci of infection, physical therapy, rest, supervised exercise, and correction of disturbed physiologic functions.

Darthronol has proved an important integral part of such a therapeutic program. By the pharmacodynamic and nutritional actions of its nine constituents, it not only exerts a beneficial influence on the disturbed locomotor structures but in addition proves of value in the elimination of many systemic disturbances encountered in the arthritic syndrome... Comprehensive literature on request.

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Each Capsule Contains:

Vitamin D (Irradiated Ergosterol)	50,000 U.S.P. Units
Vitamin A	5,000 U.S.P. Units
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Niacinamide	10 mg.
Mixed Natural Tocopherols	3.4 mg.

Originally Introduced
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mained on the service man's record.

¶ Men discharged as psychoneurotics have been handicapped in civilian life.

Blue Cross Curb Urged by State Officials

Would limit its membership, examine hospital records

State insurance commissioners a month ago were considering (1) a "model law" designed to curb the Blue Cross and (2) some strong recommendations made by Insurance Director C. C. Fraizer of Nebraska and by Albert Burger, chief examiner of the Minnesota state insurance department. Main recommendations were these:

Each state insurance commissioner should be empowered to fix a maximum number of subscribers for each plan (to be determined by existing hospital facilities).

The commissioner should be required to approve all subscribers' contracts as to terms, form, benefits, and rates.

The recommendations, submitted by Commissioner Fraizer in his capacity as chairman of the laws and legislation committee of the National Association of Insurance Commissioners, appear to reflect growing commercial carrier opposi-

tion to expanding Blue Cross competition.

The Accident and Health Review recently declared that "Mr. Burger is apparently impressed with the problem of overcrowding of hospitals and wants to be sure that when a policyholder requires hospitalization he will get it." The commercial accident and health companies, said the publication, believe that Blue Cross plans "are getting beyond their proper sphere when they propose cash indemnities in any degree" as an alternative to unavailable hospital accommodations.

VENEREAL DISEASE and alcoholism are likely to increase among U.S. troops in the occupied areas of Germany if the hard-and-fast rule against fraternizing is continued, says the New York Herald Tribune. "American soldiers are avoiding the usual prophylaxis because an appearance in the Army's dispensary for that purpose is tantamount to a \$65 fine for fraternization."

ANTI-VIVISECTIONISTS place emotion above humanity, Dr. Armand J. Quick recently told the Milwaukee County (Wis.) Medical Society. "You see a house on fire. You know that there is a dog in the basement and a sleeping child on [Continued on page 114]



COSMETIC HAY FEVER?

Prescribe UNSCENTED AR-EX Cosmetics

Recent clinical tests showed many cases of cosmetic sensitivity, but not a single one to UNSCENTED AR-EX Cosmetics. For allergic patients, prescribe UNSCENTED AR-EX Cosmetics—free from all known irritants and allergens. SEND FOR FREE FORMULARY.

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THE TREATMENT OF DEPRESSIVE STATES WITH DEXEDRINE

Three Points of View:—

The pharmacologist has established that Dexedrine Sulfate combines marked central nervous stimulation with relatively mild peripheral activity; and that it rarely produces undesirable side-effects.

The physician regards Dexedrine as a valuable aid in increasing the patient's accessibility to treatment, in restoring his normal mental outlook, and in renewing his grip on life and living.

The patient for whom Dexedrine is prescribed experiences a sustained and pervasive sense of well-being and optimism—unmarred by distracting elation, irritability, or inward "nervous tension."

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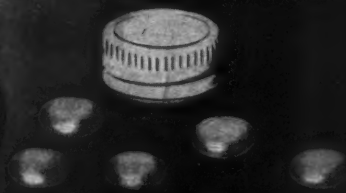
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THEORATE

FOR *Sedation*

Vasodilation

Diuresis



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ETHICAL PHARMACEUTICALS OF MERIT SINCE 18

XUM

Robins' . . . in Cardiac Disorders

For cardiac disorders, THEORATE is a rational synergetic combination of therapeutically potent drugs—theobromine (5 gr.), an xanthine derivative known for its myocardial stimulating effect and diuretic action; and phenobarbital ($\frac{1}{4}$ gr.), long recognized for its efficacy in providing safe sedation.

Enteric coated, to protect against gastric irritation, THEORATE may be effectively employed over extended periods for the management of such conditions as angina pectoris . . . hypertension . . . congestive heart failure . . . cardiac edema; and other conditions such as hyperthyroidism . . . neurasthenia . . . and the menopause, in which circulatory and nervous involvement are not uncommon. Supplied in bottles of 50 and 500 tablets.

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Please send (without obligation) clinical trial samples
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VIRGINIA

the second floor. Which will you choose to rescue? That fire, to be sure, is allegorical: The real fire is rheumatic fever, infantile paralysis, and innumerable other diseases which cripple, maim, and kill. We scientists, faced with this problem, have chosen to rescue the child."

More Lay Leaders Held Needed in Medicine

Coast medical association suggests advisory group

Organized medicine cannot win its struggle against regimentation if it does not utilize the leadership abilities of laymen to a far greater extent, the Los Angeles County (Cal.) Medical Association believes. "We are fighting a defensive battle. Our antagonists have had the initiative, have been striking when and where they pleased. Expert advice and leadership are sorely needed.

Fortunately, continues the association, "we have these leaders, men of demonstrated ability, in our own organizations. For a number of years the California Medical Association and its component county associations have employed highly capable executive secretaries, attorneys, and public relations experts as full-time employees. Their services have been of distinguished character. In presenting the cause of medicine to the legislature and

to the public their assistance has been invaluable. Had their help not been available, California medicine might well be in a deplorable state today."

But the association feels that these lay executives have not been fully utilized. They have done their work well, it points out, but have been "given no opportunity to pool their talents, to work as a group, to study the problems of the medical profession, to plan campaigns of public information, and to advise the officers of the associations. These employees understand the problems of physicians. They also know the attitudes of the public, the legislature, government officials, and the press. If formed into an advisory committee, their opinions and recommendations on matters pertaining to our relations with the public would possess a value incomparably greater than the hastily devised and weakly based conclusions of our own members.

"The group might be designated an advisory planning committee. It would keep in touch with public opinion, devise and recommend new and expanded public activities for all medical groups, make studies in the fields of medical economics and health insurance. It could do much to coordinate relations with such groups as the California Physicians' Service, the Blue Cross, and the insurance companies.

"This lay committee might as-

FORMERLY GARDNER'S SYRUP OF HYDRIODIC ACID	HYODIN	FOR PALATABLE, INTERNAL IODINE MEDICATION
Dosage: 1-3 tsp. in 1/2 glass water 1-2 hr. before meals. Available 4 & 8 oz. bottles		
FIRM OF R. W. GARDNER, ORANGE, N. J. EST. 1878		

What is the truth about bulk laxatives?

Dear Doctor:

To help clarify your own thinking on a subject which has long been controversial in the treatment of habitual constipation, you may like to answer the following questions:

Question: Do you believe that many patients troubled with constipation need to augment their diets with supplemental bulk to encourage regular peristalsis?

Answer: _____

Question: Do you find that some patients require more than simple bulk — that they need a motility factor to furnish the urge to keep the bulk moving?

Answer: _____

Question: Have you found that many so-called "bulk" laxatives fail to furnish sufficient volume to accomplish the desired result?

Answer: _____

Question: Have you refrained from prescribing bulk laxatives because of a conviction that as a group such products are harsh and irritating to the lining of the intestines?

Answer: _____

Until you have given SARAKA a thorough trial, these questions cannot be answered to your full satisfaction.

You are invited to write for a generous sample of SARAKA to prove for yourself its remarkable efficacy in the treatment of habitual constipation. Please mail in the coupon.

SARAKA

Contains

10% bassorin and 6.5% cortex frangula.

Please send free package of SARAKA

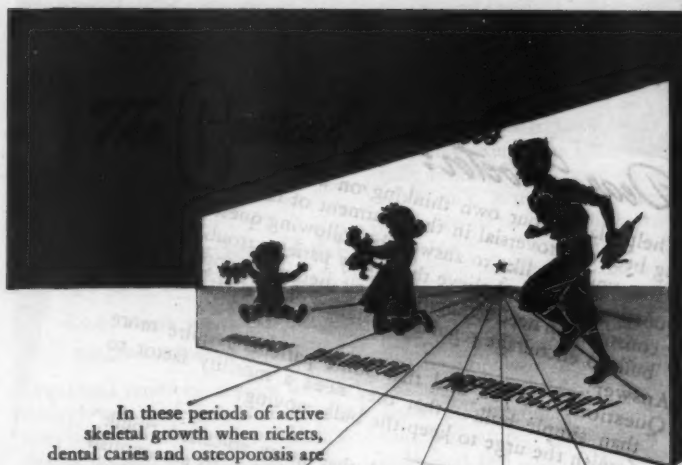
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In these periods of active skeletal growth when rickets, dental caries and osteoporosis are most apt to occur, pediatricians and general practitioners find the antirachitic properties of vitamin D extremely necessary.

Infron

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TRADE MARK

provides a new effectiveness, a great convenience and an appreciable economy in vitamin D administration.

Only one capsule is required each month

Each capsule of Infron Pediatric contains 100,000 U.S.P. units of electrically activated vaporized ergosterol (Whittier Process)—*highly purified and specially adapted for this use.*

INFRON PEDIATRIC is non-toxic and clinically effective, as shown in the published work of Wolf, Rambar, Hardy and Fishbein.

INFRON PEDIATRIC is readily miscible with the feeding formula, milk, fruit juices or water—can also be spread on cereal.

Supplied in packages of 6 capsules—sufficient dosage for 6 months.

Available at prescription pharmacies. • Ethically Promoted

References

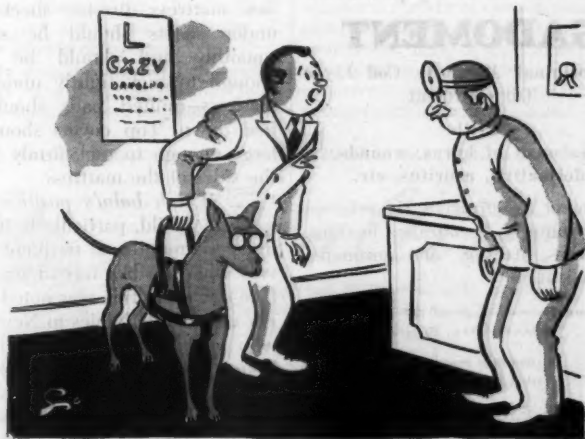
- Rambar, A. C., Hardy, L. M. and Fishbein, W. L.: J. Ped. 23:31-38 (July) 1943
- Wolf, I. J.: J. Ped., 22:707-718 (June) 1943
- Wolf, I. J.: J. Ped., 22:396-417 (April) 1943
- Wolf, I. J.: J. Med. Soc. New Jersey, 38:436 (Sept.) 1941

sist powerfully in awakening interest among thousands of physician-members who now remain in the background. If this could be accomplished, our influence, already strong, would become tremendous."

ACQUITTAL of Dr. John A. Logan, charged with violating the District of Columbia's "baby brokerage" law, has been hailed by the Washington Evening Star, which declares that officials who prosecuted the physician were deplorably lacking in judgment. At the trial, it was disclosed that Dr. Logan had introduced a couple, who wanted a child, to an unmarried mother, but had made no recommendations to either. However, the prosecution asserted that without an introduction there could have been no adoption. The Star declares that "The mother was not coerced in any way, there was no suggestion

of a fee, and no claim was made that the foster parents were either unable or unwilling to give the child a good home. When the laudable intent of Congress is twisted to cover such prosecutions, the inevitable effect is to bring a desirable law into disrepute."

FAVORITISM. "That socialized medicine is not good for the country was clearly proved during the depression, when Emergency Medical Relief was organized as an embryonic Government agency," declared Dr. Samuel Barbash, editor of the Atlantic County (N.J.) Medical Society Bulletin in a recent "guest editorial" written for the Jackson County (Mo.) Medical Society Bulletin. "Its ideals and purpose were endorsed by every earnest practitioner who recognized the need it was trying to fill. However, political favoritism and miscarriage



"HE'S STILL BOTHERED BY FINE TYPE."

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YOUR Responsibility!**



With the
BABEE-TENDA Safety Chair
this couldn't happen
to YOUR BABY!

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Thousands of Doctors recommend the BABEE-TENDA Safety Chair because they know only too well that falling high chairs cause many serious and fatal accidents. It cannot be pushed or pulled over and a Safety Hitter Strap prevents Baby from climbing out. Many Doctors used a BABEE-TENDA for their own babies. You can safely recommend a BABEE-TENDA Safety Chair. Sold ONLY direct to consumer.

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Boston, Mass.

of aims were not only discouraging but disgusting. It is appalling to contemplate the same experience on a national scale."

Rules for Infant Safety Codified for Parents

*Academy's recommendations
distributed by M.D.'s*

Concerned that deaths from mechanical suffocation have increased almost 60 per cent in the U.S. in ten years, and that in New York City 80 per cent of such deaths occur in children less than one year of age, the New York Academy of Medicine recently codified five recommendations that practitioners might give parents. The recommendations:

"1. *Never have loose material (i.e., pillows, blankets, and outer covering) in the baby's crib or carriage.* The infant should sleep on a firm mattress. Rubber sheets and under sheets should be spread smoothly and should be large enough to tuck tightly under the mattress—quilted pads should be tied down. Top covers should be large enough to tuck firmly under the sides of the mattress.

"2. *Watch baby's position.* Observe the child, particularly if he is under six months, at frequent intervals when he lies face down. The face-down position was noted in 68 per cent of the babies in New York who suffered accidental deaths. Many were discovered with soft pillows, mattresses, or mattress coverings stopping up their noses or mouths. Only 17 per cent were found lying face up; these, too, had



ESPECIALLY VALUABLE

Because of its Basic Nutrients

Anorexia during some period of a child's life is not an uncommon occurrence, although distressing and disconcerting to the mother. If permitted to continue uncorrected, poor eating habits result in undernutrition, manifested by underweight, poor resistance to infectious diseases, irritability, and emotional outbursts. That mothers seek aid for the eradication of this condition is only logical.

An increasingly larger number of pediatricists are recognizing the value of Ovaltine in overcoming poor nutritional states.

This delicious food drink, made with milk as directed, supplies a wealth of basic nutrients: biologically adequate protein, readily metabolized carbohydrate, and highly emulsified fat. In addition it provides B complex and other vitamins, and essential minerals. Three glassfuls daily enhance the intake of these nutrients to a significant degree, as indicated by the table below. And, of especial advantage when dealing with children, Ovaltine is attractive to the palate, and is taken by all younger patients with relish and joy.

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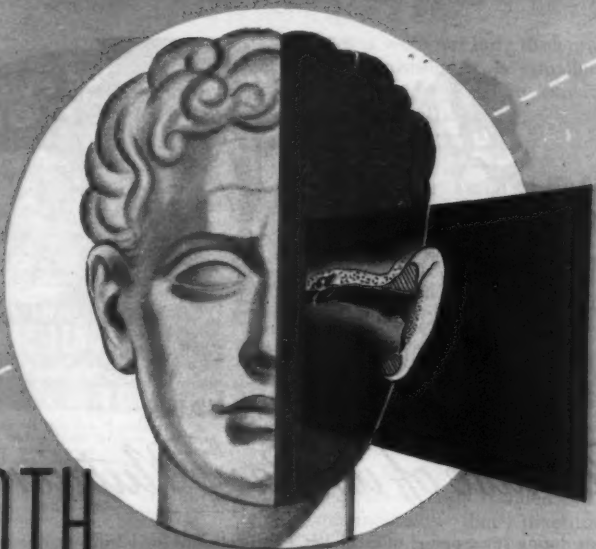


Ovaltine

Three daily servings of Ovaltine, each made of
1/2 oz. Ovaltine and 8 oz. of whole milk,* provide:

PROTEIN	31.2 Gm.	VITAMIN A	2953 I.U.
CARBOHYDRATE	62.43 Gm.	VITAMIN D	480 I.U.
FAT	29.34 Gm.	THIAMINE	1.296 mg.
CALCIUM	1.104 Gm.	RIBOFLAVIN	1.278 mg.
PHOSPHORUS . . . . .	.903 Gm.	NIACIN	7.0 mg.
IRON	11.94 mg.	COPPER . . . . .	.5 mg.

*Based on average reported values for milk.



BOTH

**ACUTE AND CHRONIC EAR INFECTIONS
RESPOND TO TOPICAL CHEMOTHERAPY WITH**

White's OTOMIDE

a stable solution of carbamide (urea) 10% with sulfanilamide 5% in glycerin of unusually high hygroscopic activity. Anhydrous chlorobutanol 3%—a local anesthetic that is therapeutically compatible with sulfonamides—is included for its analgesic and antipruritic properties.

Therapeutic Advantages of Carbamide as Component of Otomide

1. Chemically debrides lesion by solvent effect on necrotic tissues.
2. Renders sulfanilamide effective-

ly antibacterial even in the presence of pus.

3. Solubilizes sulfanilamide, effecting higher tissue concentration and increasing diffusibility through living and dead tissues.
4. Non-irritating.

Indications:

Local management of suppurative and non-suppurative otitis media, and of sulfonamide-susceptible infections of external auditory canal.

White's Otomide is available in dropper bottles of $\frac{1}{2}$ fluid-ounce (15 cc.)—on prescription only.



pillows or blankets covering the face.

"3. *Dress the child warmly but allow him unhampered movement at all times.* Most infant deaths from mechanical suffocation occur during the late-fall and early-winter months. Sleeping bag garments with mechanical closing and locking devices, which may catch beneath the infant's neck, should not be used, nor should tight caps and bibs.

"4. *Always sit up and hold baby in sitting position while feeding him.* This holds especially for early morning feedings. If the mother takes the baby to bed while she feeds him, she may fall asleep and smother the baby with her breast or other part of her body. Next to crib and carriage, the parent's bed is the most frequent site of deaths.

"5. *Do not leave baby unguarded during, or soon after, feeding.* Although most mothers 'bubble' their babies during and after feeding, the early morning hours are not conducive to the patience which the job requires. Many mothers merely prop the bottle into the baby's mouth and leave while he

feeds. There is danger that the child may suffocate from regurgitated food."

Industrial Doctor Asks Greater Cooperation

Denounces 'plague' of notes asking favors for workers

The private practitioner causes "much grief" for the industrial physician when he negligently writes a note for a complaining industrial worker asking for such things as a change of job, or a leave of absence, Dr. Louis J. Berg, medical director of the Eastern Aircraft plant at Tarrytown, N.Y., recently told members of the Westchester County Medical Society. "I have accumulated quite a collection of these notes," he declared. "In the main, you are to be congratulated for displaying such a fine understanding of our problems. But a few chronic offenders have plagued us with requests, when it is clear to us that there is real lack of knowledge of the underlying causes.

"A worker is often mistaken in

WANTED

CONTRIBUTING EDITOR for periodical emphasizing economics of medicine. Full or part time. Substantial compensation. Must be available periodically for conference in the vicinity of New York City. State experience in detail; also education, age, present income. Box 189, Medical Economics, Inc., Rutherford, N.J.

his conclusion about the origin of an ailment or supposed injury. His physician may carelessly concur when he has failed to make certain that evidence exists to support the employe's claim.

"Some chronic complainers make the rounds of physicians' offices until they get the kind of note they want. We are then forced to turn down the physician's request. Often it is not really the family physician, but one who has seen the worker for the first time and has written the note just to get rid of a nuisance. When these notes are brought to us, written on an open prescription blank or letterhead, it becomes difficult to deal with the worker. It is the private doctor's word against ours, and the employe feels that we in industry are acting unjustly toward him.

"It would be much better for the physician to send a sealed confidential note, or discuss the matter in private with us over the telephone.

"On our part, we can do much to enhance your relationship with the patient. We immediately refer to the family physician all abnormal conditions which we uncover in the medical department, and urge the employe to remedy correctible defects. We are glad to furnish you

with a statement of the defects found at the pre-employment examination and to supply you with any information we have which will aid you in treating your patient."

PULPIT WARNING. The medical provisions of the Wagner-Murray-Dingell bill were inserted in an omnibus measure because its backers realize that such features cannot stand scrutiny alone, says a Chicago pastor, the Rev. Cyril K. Richard. In a sermon he warned his parishioners to remain on the alert against such legislation and to write to their Congressmen, protesting against it.

ARMY INSTRUCTS. More than 6,000 selected medical officers have been graduated from short, intensive courses given by the Army Medical Department in some thirty specialties since the start of the war, reports Maj. Gen. George F. Lull, Deputy Surgeon General. Refresher courses in general medicine and surgery have also been given. General Lull states that 350 physicians in the Mediterranean theater have been reassigned from field duty to hospital stations in the past year. "The intra-theater rotational plan has been encouraged so that

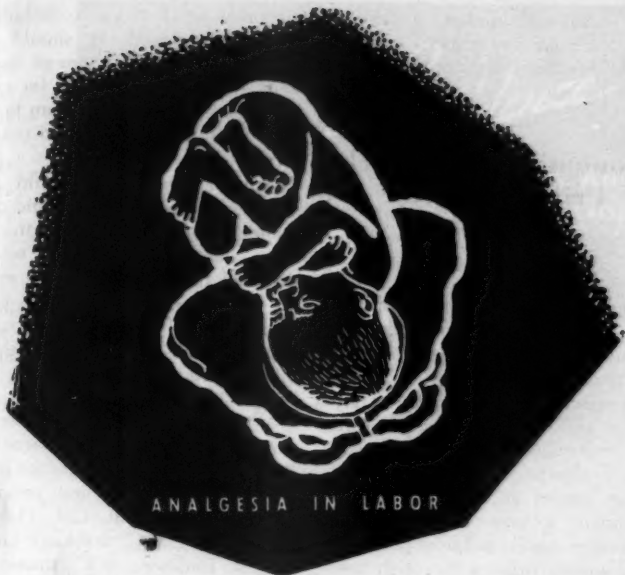


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Rapid in action and definitely antiseptic, Cystogen is indicated in most non-tuberculous infections of the urinary system. Liberating a dilute solution of formaldehyde in the urinary tract, Cystogen clarifies feid, turbid urine; eases renal and vesical discomforts; moderates tenesmus and urinary urgency. Well-tolerated, may be prescribed for protracted treatment. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient.

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SAFE • Four years of intensive clinical research, with more than 1,400 published cases, have established Demerol analgesia in labor as a safe procedure. Demerol analgesia is harmless to mother and baby. It does not weaken uterine contractions or lengthen labor. There are no post-partum complications due to the drug.

SIMPLE AND EFFECTIVE Demerol hydrochloride is administered orally or by intramuscular injection. Average dose: 100 mg., when the pains become regular, repeated three or four times at intervals of from 1 to 4 hours. In analgesic power Demerol hydrochloride ranks between morphine and codeine; it also has a spasmolytic effect comparable with that of atropine, as well as a sedative action. It may also be used in conjunction with scopolamine or barbiturates for amnesia.

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HYDROCHLORIDE

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SUBJECT TO REGULATIONS OF THE FEDERAL BUREAU OF NARCOTICS
WINTHROP CHEMICAL COMPANY, INC.
 PHARMACEUTICALS OF MERIT FOR THE PHYSICIAN
 NEW YORK 13, N. Y. WINDSOR, ONT.

the maximum number of doctors may receive refresher training while they are still in military service," he says.

Economics Group Backs Private Medicine

*No need of compulsion seen
by insurance society*

"Medical care and hospitalization, except for the indigent and those requiring institutional care, should continue to be provided by voluntary means, with free choice of physician and hospital." Thus declares the Insurance Economics Society in a twelve-point statement of principles aimed at obtaining "sound economic security for all . . . by voluntary means as far as possible." The society urges a thorough scrutiny of the costs as well as of the social, economic, and political effects of compulsory insurance. It also suggests study of alternative systems involving a minimum of Governmental "compulsion and regimentation."

Other principles enunciated by the society:

"The Federal system of old-age and survivors' insurance should be

extended to all workers, including the self-employed. It should be operated on a pay-as-you-go basis with a reasonable reserve for contingencies. Present maximum benefit of \$85 per month should not be increased.

"Federal insurance should not be extended to cover total and permanent disability," declares the society, advocating that the totally disabled be cared for under existing programs. It also opposes Federalization of the unemployment compensation system, now state administered.

V.D. CONTROL. Far greater opportunity for the control of venereal disease will be available in the post-war period than at any previous time, believe Lieut. Col. Thomas H. Sternberg, M.C., and Capt. Granville W. Larimore, M.C. Among the assets they list:

¶ A tremendous number of physicians and lay personnel trained by the armed forces in the control of venereal disease.

¶ The remarkable advance in therapy, climaxed by the introduction of penicillin.

No black-out on V.D. information can ever again be imposed, say the two medical officers. That

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THIS NEW WAY

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(NASON'S)

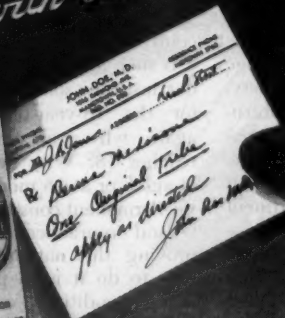
VITAGUENT (Nason's) Cod Liver Oil Ointment reduces probability of infection and diminishes general intoxication present in burn and wound areas; stimulates regrowth of destroyed epithelial matter; minimizes pain caused by dressing.

1-oz. & 4-oz. tubes.

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IN PRURITUS ANI
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Pruritus ani, vulvae et scroti:

Eczematous conditions in which pruritus is the predominant complaint:

Acute itching caused by poison ivy or sumac:

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DERMA MEDICONE

factor in conjunction with the stabilization of community life in post-war years leads them to conclude that V.D. education must go on.

BADGE. Doctors who treat workers should require their secretaries to jot down the company name and badge number of each employe who comes in for treatment, suggests the medical bureau of the Orange County (Calif.) Medical Society. "This can be done quite unobtrusively and it is valuable information to have. When we come to look up a debtor in one of today's great war plants, the payroll department is quite likely to ask for his badge number as identification. (If he bears a rather common name, that plant may have several employes with the same name and initials.) Some plants refuse to give any in-

formation unless the badge number is supplied."

FORMULA. Proponents of universal military training resort to the specious reasoning that such training is a magic formula for the improvement of the health of our youth," a layman complained recently to the New York Times. "If it is such an excellent method, why not institute some similar program for the 18-year-old girls? Then again, why wait until our youth reaches 18? Why not conscription at age 8 or at 18 months?"

"Permanent conscription is a costly and impractical method of improving the nation's health. The way to do it is to provide decent living conditions, adequate diet, and more medical care in the important formative years before 18."

On the Job—OUR FEMINE "MANPOWER"



INDICATIONS

Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, in obstetrics.

Dosage: 1-2 cap. 3-4 times daily.

Supplied: In ethical packages of 20 cap.

OFFICIALS of the War Manpower Commission assert that "women today can capably 'take over' any man's job, provided it is within their physical powers."

Menstrual aberrations, however, cause frequent absenteeism and loss of efficiency. For the symptomatic treatment of functional conditions, physicians find Ergoapiol (Smith) a highly efficient amenagogue, in which the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergistically enhanced by the presence of opiol, oil of savin, and olein.

Its sustained tonic action on the uterus provides welcome relief in many cases—by helping to induce local hyperemia and to stimulate smooth, rhythmic uterine contractions, and by serving as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the booklet "The Symptomatic Treatment of Menstrual Irregularities."

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ERGOAPIOL

THE PREFERRED UTERINE TONIC

Ethical protective mark, M. H. S., visible only when capsule is cut in half at noon.

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"Old Scratch" Will Get You If You Don't Watch Out!



"Old Scratch" is the constant tempter of the pruritus victim... for it is hard to control scratching—so often the cause of secondary infection—unless an analgesic agent is available to relieve the torment of itching.

'Caligesic' Analgesic Calamine Ointment is a greaseless, bland ointment that has proved particularly useful in the temporary relief of pruritus and skin irritations, such as those caused by poison ivy, poison oak and insect bites. It does not stain the skin and can be safely used on children.

The protective, astringent, anesthetic properties of 'Caligesic' Ointment arrest the almost uncontrollable desire to scratch and bring prompt, soothing relief in the treatment of dermatitis venenata, summer prurigo, pruritus ani, pruritus scroti and other skin irritations and inflammations.

For external application only, each 100 Gm. of 'Caligesic' Ointment contains: Calamine, 8.00 Gm.; Benzocaine, 3.00 Gm.; Hexylated Metacresol, 0.05 Gm. Supplied in 1½ ounce tubes. Sharp & Dohme, Philadelphia 1, Pa.

'CALIGESIC'
Analgesic Calamine Ointment

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as easy to serve fruit drinks as

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Freshie VITA CRYSTALS

fortified with Vitamins B₁ and C

the natural fruit juice drink

12-oz. Can Makes 4 Gallons of Beverage

and contains when packed, 1920 MG. VITAMIN C (ASCORBIC ACID), EQUAL TO 38,400 UNITS OF VITAMIN C, and 64 MG. VITAMIN B₁ (THIAMINE HYDROCHLORIDE), EQUAL TO 21,312 UNITS OF VITAMIN B₁.

The FINISHED BEVERAGE, made according to directions on label, will contain 600 UNITS VITAMIN C, and 333 UNITS VITAMIN B₁, TO EACH 8-OUNCE GLASS.

These amounts are the daily minimum adult requirements, according to U. S. standards.

19 OUNCES OF FRESH NATURAL, TREE-RIPENED FRUIT JUICE WAS USED IN THE MAKING OF THIS 12-OUNCE CAN OF DEHYDRATED FRESHIE VITA CRYSTALS.

available in Orange, Lemon and Lime flavors

Food scientists for years have sought the answer to a way of dehydrating fruit juices that would retain important food values and freshness of flavor. Out of the laboratory of wartime necessity has come FRESHIE VITA CRYSTALS, truly a great nutritional achievement.

These delicious new dehydrated fruit juice flavors are developed by a new and exclusive process and are *Easy to Prepare* — Just add water to the dehydrated

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So Economical to Use — One ounce can of FRESHIE VITA CRYSTALS makes 4 gallons true fruit beverage, and costs only \$1.50. Cost of 8-ounce of "Freshie", including water, is approximately 2½ cents and provides 600-units of vitamin C and 333 units of vitamin B₁.

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Each capsule supplies:

Vitamin A	5000 units	Riboflavin	3 mg.
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When you prescribe Sulmefrin, the danger of sinusitis and other complications is lessened.

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Sulmefrin relieves congestion through the vasoconstrictor action of *dl*-desoxyephedrine hydrochloride (0.125%)—and combines the

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THE TRIBUTES OF ALL MANKIND

With the commemoration of William Conrad Roentgen this year—the centennial of his birth and the semi-centennial of his epoch-making discovery of the x-ray—the literature is further enriched with retrospections.

Singularly, the very nature of Roentgen's discovery perpetuates his memory for all time. There's not the remotest possibility of his fame being lost sight of between these "ennials," for with each passing day throughout the civilized world mankind is reminded anew of an increasing indebtedness to this modest scientist, for the immeasurable benefits which his discovery made possible.

To Roentgen, in his later years, what could possibly have proved a greater reward than the realization that his discovery had contributed in such large measure toward the alleviation of human ills.

Of all the tributes to Roentgen's memory, perhaps the greatest is that of having advanced

x-ray science to its present-day attainments, whereby it has become indispensable not only to modern medical practice but also to other fields of science and many important phases of industry.

During the half-century since this Company was founded, our unsurpassed research and experimental facilities have been largely devoted to the further development and refinement of fine x-ray equipment, ever in mind of increasing its potential value in every field of science. And this endeavor shall continue to be G.E.'s tribute to the great genius, Roentgen.

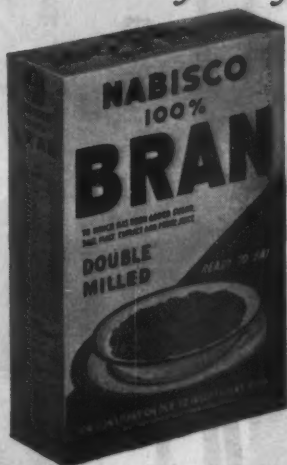
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Available in pound and half-pound packages in food stores everywhere. Physician's sample on request.

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NATIONAL BISCUIT COMPANY
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New Wagner Bill: An Interpretation

[Continued from page 52]

they would be assured a certain amount per head for all persons on their lists of patients. Under this arrangement doctors would not directly be servants of the Government, but by indirect means they would gradually be reduced to a condition of servitude. Perhaps one might refer to the arrangement contemplated under this legislation as a *nationalization of medicine*, something akin to a medical OPA.

Briefly then, the new version of the Wagner-Murray-Dingell bill is more sweeping in its health and sickness provisions than was S.1161. It contains a new term—"Prepaid Personal Health Service Insurance"—that still means compulsory sickness insurance. Superficially, the impression is given that the Surgeon General of the U.S. Public Health Service would have more power than that provided by the previous bill. In reality, he would be little more than a puppet under the control of the Social Security Board. Instead of strengthening the agency responsible for health activities at the Federal level, the present bill subordinates the Public Health Service to a lay agency which is without competence in the health and medical fields. Experience of other countries with respect to these administrative problems has been overlooked. The Hill-Burton hospital construction bill has been incorporated in S.1050 with slight changes, but the incorporation has far-reaching implications.

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Simply drop one Clinitest Tablet into test tube containing proper amount of diluted urine. Allow time for reaction, compare with color scale.

ELIMINATES— *Use of flame
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PROVIDES— *Simplicity
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They do not place undue strain on the financial capacity of the patient.

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For relief of pain in the treatment of hemorrhoids

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*T. M. Reg. U. S. Pat. Off.

New Wagner Bill: A Factual Summary

[Continued from page 49]

tor, shall consult with an Advisory Council on questions of general policy and administration, and in consultation with the Social Security Board shall study and recommend

(1) The most effective methods of providing personal health service benefits through social insurance and otherwise; and

(2) Legislation concerning health and related subjects.

"The Surgeon General, after consultation with the Advisory Council and with the approval of the Federal Security Administrator shall negotiate and renegotiate working arrangements with public or private agencies or institutions or persons, to utilize their services and to pay equitable compensation therefor, and to negotiate and renegotiate agreements for the purchase of supplies.

"In the administration of this part, the Surgeon General shall give

priority and preference to utilizing the facilities and services of state and local agencies.

"The Surgeon General shall appoint local area committees to aid in administration. Such committees shall include representatives of the beneficiaries, the practitioners, institutions and agencies furnishing services, and other persons informed on the need for personal health services. Such committees shall be consulted at frequent intervals, and are authorized to make annual and special reports, with recommendations, to the Surgeon General.

"There is hereby authorized to be appropriated for the fiscal year ending June 30, 1946, and for each fiscal year thereafter, a sum sufficient for all necessary expenses in carrying out the duties imposed upon the Surgeon General, the Board, and the Advisory Council.

"The Surgeon General shall make a full report to Congress, at the beginning of each regular session. Such report shall include a record of consultations with the Advisory Council, recommendations of the

[Continued on page 134]

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and so Thorough**

Lavoris does not depend upon high-powered germicidal agents; but coagulates, detaches and removes objectionable matter, without injury to delicate tissues.

Rx DESITIN OINTMENT

The External Cod-Liver Oil Therapy

USED EFFECTIVELY IN THE TREATMENT OF Wounds, Burns, Ulcers, especially of the Leg, Intertrigo, Eczema, Tropical Ulcer, also in the Care of Infants

Desitin Ointment contains Cod-Liver Oil, Zinc Oxide, Petrolatum, Lanum and Talcum. The Cod-Liver Oil, subjected to a special treatment which produces stabilization of the Vitamins A and D and of the unsaturated fatty acids, forms the active constituent of the Desitin Preparations. The first among cod-liver oil products to possess unlimited keeping qualities, Desitin, in its various combinations, has rapidly gained prominence in all parts of the globe.

Desitin Ointment is absolutely non-irritant; it acts as an antiphlogistic, allays pain and itching; it stimulates granulation, favors epithelialisation and smooth cicatrization. Under a Desitin dressing, necrotic tissue is quickly cast off; the dressing does not adhere to the wound and may therefore be changed without causing pain and without interfering with granulations already formed; it is not liquefied by the heat of the body nor in any way decomposed by wound secretions, urine, exudation or excrements.

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Indications: Minor Burns, Exanthema, Dermatitis, Care of Infants, Care of the Feet, Massage and Sport purposes.

Desitin Powder is saturated with cod-liver oil and does not therefore deprive the skin of its natural fat as dusting powders commonly do. Desitin Powder contains Cod-Liver Oil, (with the maximum amounts of Vitamins and unsaturated fatty acids) Zinc Oxide and Talcum.

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IN THE TREATMENT OF NEURITIS



SUGGEST SUPPLEMENTARY HOME-MASSAGE WITH **MINIT-RUB**

Many doctors find MINIT-RUB an effective therapeutic aid in the treatment of sciatic, peripheral, and other forms of neuritis.

Through reflex action, MINIT-RUB and massage act below the surface to induce local hyperemia—thus checking inflammation and dispersing waste products.

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The Special Liver Fraction used as the base of Beta-Concemin provides the complete B complex.

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Moreover, this Liver Fraction has a favorable effect on growth, mortality and hemoglobin formation in the laboratory animal.

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Delicious, fruity **MILK BETA-CONCEMIN** is supplied in 4-oz., 12-oz. and gallon bottles—average dosage is 2 or 3 teaspoonfuls daily. Convenient **BETA-CONCEMIN TABLETS** are supplied in 100's and 1000's—average dosage is 2 or 3 tablets daily. **CAPSULES BETA-CONCEMIN WITH FERROUS SULFATE**, expressly designed for treatment of iron-deficiency anemia, are also available in 100's and 1000's—average dosage is 4 to 6 capsules daily.

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Medical care and hospitalization insurance	1.5	1.5	3.0
Unemployment insurance	1.0	1.0	2.0
Temporary disability insurance	0.5	0.5	1.0
Total contributions	4.0%	4.0%	8.0%

Advisory Council, and its comments thereon.

"NATIONAL ADVISORY MEDICAL POLICY COUNCIL"

"The National Advisory Medical Policy Council (already referred to as the 'Advisory Council') shall consist of the Surgeon General as chairman and sixteen members to be appointed by him with the approval of the Federal Security Administrator. The sixteen members shall be selected from panels of names submitted by the professional and other agencies concerned

with medical, dental, and nursing services and with the operation of hospitals and laboratories, and from among other persons or agencies informed on the need for medical, dental, nursing, hospital, laboratory, or related services. The membership of the Advisory Council shall include (1) medical and other professional representatives; and (2) public representatives. The Advisory Council shall meet not less frequently than twice a year and whenever at least four of the members request a meeting. Each ap-



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Formula: 'Pineoleum' with Ephedrine incorporates ephedrine (.50%), camphor (.50%), menthol (.50%), eucalyptus oil (.50%), pine needle oil (1.00%), and oil of casia (.07%), in a base of doubly-refined liquid petrolatum.

Issued: in 30 cc. dropper bottles and 1 pt. pharmacy bottles—also in jelly form.

Ephedrine—plus active, aromatic emollients, in an adherent oily base—impart unusual efficacy to this preferred nasal spray for quick, soothing relief of the acute sense of local congestion and irritation in pollinosis cases. Controlled clinical tests demonstrate Pineoleum's wide safety margin.

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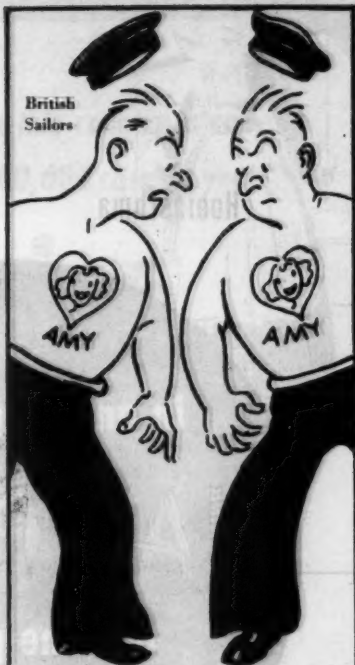


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Stout? Life is brighter after Guinness! Enjoy it either straight or added to beer (Half-and-Half). There's nothing else like Guinness!

New York biochemists' reports on Guinness will be sent to doctors if requested on professional letter heads.

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Coryza vasomotoria

in any language it's

HAY FEVER

and the patient
wants relief...



Asma dei mietitori



ΚΑΡΦΗ ΠΥΡΕΤΟΣ

the incidence of pollinosis in this country is conservatively estimated as 3,000,000 cases a year**

Amodrine

gives today's busy physician an efficient formula for providing relief of the coryza, sneezing, congestion of mucous membranes—typical symptoms of pollen allergies.

The actions of the drugs in the Amodrine formula combine to attack the symptoms of hay fever and bronchial asthma from every angle:

Atropine Sulfate 1½ gr.—in addition to its antispasmodic effect, provides myocardial support and improved renal excretion.

Ephedrine Hydrochloride ¾ gr.—provides bronchial dilation by sympathetic stimulation.

Chlorbutol ½ gr.—counteracts any stimulating effect upon the central nervous system, decreases respiratory rate, allays nervousness and apprehension.

Amodrine is supplied in bottles of 100 and 1000 tablets—plain or enteric coated (the latter for delayed effect).

Dr. D. P.: Modern Medical Therapy in General Practice, Baltimore, Williams & Wilkins Co., Vol. 1, 1940, p. 983.

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pointed member shall hold office for a term of four years.

"The Advisory Council shall advise the Surgeon General with reference to questions of general policy in carrying out the provisions of this part, including (1) professional standards of quality to apply; (2) designation of specialists and consultants; (3) methods to stimulate the attainment of high standards through coordination of the services of general practitioners, specialists, laboratories, and auxiliary services, and through coordination of the services of physicians and dentists with those of educational institutions, hospitals, and public health centers; (4) standards to apply to participating hospitals; (5) suitable methods of paying for personal health service benefits; (6) studies of personal health services and quality of such services; (7) procedures for determination of disability; and (8) grants-in-aid for professional education and research projects.

"METHODS, POLICIES

"Any physician, dentist, or nurse legally qualified by a state may furnish services.

"Every individual entitled to receive general medical benefit shall be permitted to select from those designated [above] those from whom he shall receive such benefits, subject to the consent of the practitioner. The individual shall be permitted to change such selection.

"Services which shall be deemed to be specialist services shall be designated by the Surgeon General and practitioners who shall be qualified as specialists or consultants and entitled to the compensation therefor shall be designated by the Surgeon General. In designating such

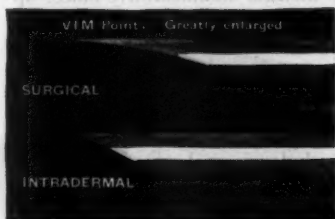
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All these needles have Intradermal Points (30°).

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specialists the Surgeon General shall utilize standards and certifications developed by competent professional agencies and shall take into account the personnel resources and needs of regions and local areas.

"The services of a specialist or consultant shall ordinarily be available only upon the advice of the general practitioner or specialist attending the individual. The services of specialists and consultants shall also be available when approved by a medical administrative officer appointed by the Surgeon General.

"The Surgeon General shall make known in each local area the names of medical practitioners who have agreed to furnish services under this part. Such lists of names shall include general practitioners and qualified specialists.

"The methods of administration, including the methods of making payments to practitioners, shall (1) insure the prompt and efficient care of individuals; (2) promote personal relations between physician and patient; (3) provide professional and financial incentives for the professional advancement of practitioners and encourage quality of services through the adequacy of payments to practitioners, op-

portunities for post-graduate study and coordination among the services furnished by general practitioners, specialists, laboratories, hospitals, public-health centers, educational institutions, and preventive and curative services.

"Payments to general practitioners shall be made—

"(1) On the basis of fees for services rendered, according to a fee schedule;

"(2) On a per capita basis, the amount being according to the number of individuals on the practitioner's list;

"(3) On a salary basis, whole time or part time; or

"(4) On a combination or modification of these bases; according in each local area as the majority of the general practitioners shall elect: Provided, That the Surgeon General may make payments by another method (from among those listed) to those practitioners who do not elect the method of the majority.

"Nothing in this subsection shall prohibit the Surgeon General from negotiating working arrangements to utilize inclusive services of hospitals and their staffs and/or attending staffs. [Turn the page]

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Liberal potencies of Iron Sulfate, hematinic Liver Concentrate and absorption-aiding B Complex Vitamins B₁, B₂ and Nicotinamide ... for more rapid blood building in Secondary

ANEMIAS.

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25 West Broadway New York 7, N. Y.

For
head colds, nasal
crusts and dry-
ness of the nose



R OLIODIN $\frac{11}{.30}$

(DeLepton Nasal Oil)

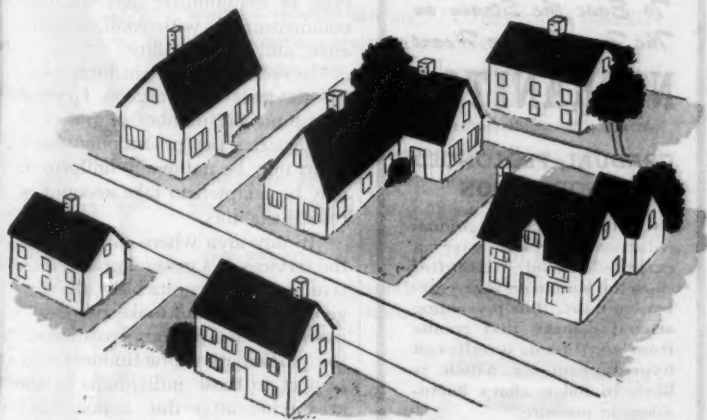
Oliodin produces a mild hyperemia with exudate of serum, loosening crusts, relieving dryness and soothing mucous membrane. Breathing improved.

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FREE! To give new babies a gentle start in life, we'll give a free cake of sudsy, mild Swan to every baby born in the U.S.A. in 1945. New mothers can send for this gift by getting a Swan Baby coupon at their grocer's and mailing it to Swan, Box 3, New York 8, N.Y.

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The Hypertensive Heart*

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GRADUAL, PROLONGED VASODILATION

By inducing smooth, gradual reduction of pressure over an extended period, Nitranitol eases the burden on the hypertensive heart, thus preventing arterial damage that results from continued, unrelieved hypertension—or which is likely to follow sharp fluctuations in pressure.

Nitranitol is nontoxic and safe for clinical use over long periods of time. Available in scored tablets containing $\frac{1}{2}$ gr. mannitol hexanitrate.

NITRANITOL with PHENOBARBITAL Tablets contain, in addition, $\frac{1}{4}$ gr. phenobarbital.

Bottles of 100 and 1000

Trademark "Nitranitol" Reg. U.S. Pat. Off.

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117th Year

THE W. J. MERRELL COMPANY

CINCINNATI, O. U. S. A.

"Payments to designated specialists may include salary (whole time or part time), per session, fee-for-service, per capita, or other basis, or combinations thereof, as the Surgeon General and the specialists may agree.

"Payments may be nationally uniform or may be adapted to local conditions and other factors. Payments shall be adequate by reference to annual income customarily received among physicians, having regard for age, specialization, and type of community; and shall be commensurate with skill, experience, and responsibility.

"In order to maintain high quality services, the Surgeon General may limit the number of potential beneficiaries per practitioner. Such limits may be nationally uniform or may be adapted to take account of relevant factors.

"In any area where payment for the services of a general practitioner is only on a per capita basis, the Surgeon General shall make per capita payments on a pro rata basis among the participating practitioners with respect to those individuals in the area who, after due notice, have failed to select a general practitioner or who, having made one or more selections, have been refused by the practitioners selected.

"In each local area the provision of general medical benefits for all individuals shall be a collective responsibility of all qualified general practitioners who have undertaken to furnish such benefits.

"Home nursing shall be ordinarily available only upon the advice of a legally qualified attending physician or when requested by an individual and approved by a medical

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Pelton Sterilizer

(NO ADDED COST)

The Pelton Lift and Hydraulic Cover Release

● Down goes the Pelton pedal . . . Cover lifts . . . Tray rises to fill opening. Then your toe touches release button . . . Tray sinks steadily. . . Cover lowers gently . . . Closes.

No noise, no jerk, no spatter, no bump! It's amazing—fascinating.

One more difference between Pelton and other sterilizers—one of the many differences which contribute to the deep satisfaction of Pelton Sterilizer owners everywhere.

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Established 1900

Pelton Sterilizer



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officer representing the Surgeon General.

"APPEALS

"The Surgeon General is authorized to establish appeal bodies to hear complaints from individuals entitled to benefits from participating practitioners and from participating hospitals, and to take such steps as may be appropriate and not contrary to other provisions of this part to remedy the grounds for complaint, if any: Provided, that with respect to any complaint or dispute involving matters or questions of professional practice or conduct the hearing body shall contain competent and disinterested professional representation: Provided further, That with respect to any complaint or dispute involving only matters or questions of professional practice or conduct, the hearing body shall consist exclusively of professional persons.

"WORKMEN'S COMPENSATION

"No individual shall be entitled to benefits with respect to any injury, disease, or disability on account of which any medical service is due under a workmen's compensation plan of the United States or of any state.

"BENEFIT LIMITATIONS

"Any individual entitled to medical benefit may be required by the physician to pay a fee with respect to the first service or with respect to each service in a course of treatment. Such determination shall be made only after evidence indicates it is necessary to prevent abuses. The fee shall be sufficient to prevent abuses and not such as to interpose a substantial financial restraint against proper medical benefit. Such determination may also limit the application of such fees to home calls, to office visits, or to both, and may fix the maximum total amount of such fee payments in a period of sickness. It may also provide for differences in the size of such fee payments for urban and rural areas and with regard for differences among states or communities.

"The maximum number of days in any year for hospitalization shall be sixty: Provided, That when the Surgeon General finds that moneys are adequate, he may increase hospitalization benefits to 120 days.

"HEALTH SERVICES ACCOUNT

"There is hereby created within the Trust Fund a separate account

[Continued on page 152]

CLINICAL EXPERIENCE



The experience of physicians for over forty years demonstrates that MU-COL is thoroughly trustworthy for use in the treatment of mucous surfaces whenever an effective and safe cleanser and solvent is required. MU-COL is a uniform, balanced saline-alkaline bacteriostatic; a powder, non-deteriorating, quickly soluble and convenient and inexpensive for the patient. Samples, though limited by war, are sent promptly on request.

Dept. ME-75

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Buffalo-3, N.Y.

See the simple new **HYGEIA** feeding technique

Famous breast-shaped nipple—3 holes for normal milk flow.

Wide mouth makes bottle easy to clean and sterilize.

Sanitary tab keeps nipple sterile.

Rounded interior corners have no crevices to collect germs.

Cap keeps nipple and formula sterile while storing.

Nipple has patented air-vent which prevents "windsucking."

Tapered shape makes bottle easy to hold, prevents tipping.

Red measuring scale makes it easy to pour in the correct amount of formula.

Nipples, bottles, and caps should be assembled after sterilizing—and not handled again until feeding time

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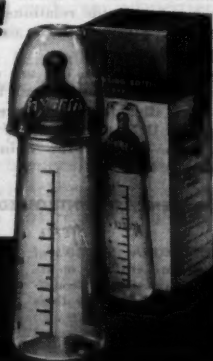
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"CONSULT YOUR DOCTOR REGULARLY!"

All leading druggists now carry our new complete package containing a Hygeia Nursing Bottle, Nipple, and Cap. Sample free to Doctors on request. Hygeia Nursing Bottle Co., Inc., Buffalo 9, New York.

HYGEIA NURSING BOTTLES NIPPLES WITH CAPS

Sold complete as illustrated, or parts separately



DEPENDABILITY

in a vitamin-mineral supplement

VIMMS meet the American Medical Association's recommendations for compounding multi-vitamin formulas

AMA Adult Minimum Daily Requirements		VIMMS (3 tablets)
4,000 USP Units	A	5,000 USP Units
1 mg.	B ₁	1 mg.
2 mg.	B ₂ (G)	2 mg.
600 USP Units	C	600 USP Units
400 USP Units	D	500 USP Units
10 mg.	NIACIN	10 mg.
In addition, Vimms supply the minerals most commonly deficient in the average diet.		
	CALCIUM	375 mg.
	PHOSPHORUS	250 mg.
	IRON	10 mg.

RECOMMENDED PRESCRIPTION

The Council on Pharmacy and Chemistry and the Council on Food and Nutrition of the AMA "believe that the amounts of vitamins in mixtures should bear a relationship to the normal daily requirements. The physician then may prescribe amounts of these vitamins which would bear some simple relationship as a fraction or a multiple of the estimated daily requirements."⁴⁰

Three Vimms a day are calculated to raise the vitamin-mineral levels of the average diet up to or above the Recommended Daily Allowances of the Food and Nutrition Board of the National Research Council.⁴⁰

The six vitamins in the Vimms formula are the only vitamins known to be essential in the human diet. Other vitamins have not been included because either their functions in human nutrition have not been fully established or they have not been shown to be deficient in the diet.

MINERALS ADDED . . .

In addition, the National Research Council has recommended daily allowances for certain essential minerals. When three Vimms a day are added to the average diet the resulting mineral intake (as well as the average vitamin intake) equals at least these Recommended Daily Allowances of the N.R.C.

POTENCIES CONTROLLED • AVAILABILITY ASSURED • STABILITY GUARANTEED

PROFESSIONAL SUPPLIES of Vimms are available on request. Write to Pharmaceutical Division, Lever Brothers Company, Dept. ME - 35, Cambridge, Mass. (Offer good in United States only.)



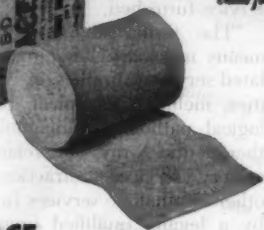
*The Proper Use of Vitamins in Mixtures. Jour. of the American Medical Assoc. Vol. 119, No. 12 (July 18, 1942).

**Recommended Dietary Allowances. Nat'l Research Council Reprint and Circular Series No. 115 (January, 1943).

TWO ACE *Elastic* BANDAGES

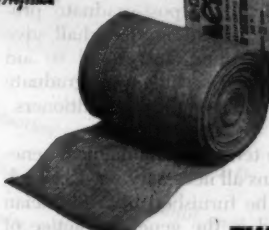
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Made for the Profession



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No. 1 — NATURAL COLOR

(Should be compared **ONLY** with all-cotton elastic bandages.)

This all-cotton Ace is superior to any other all-cotton elastic bandage. Its therapeutic value has been proven in hundreds of thousands of cases of varicose veins and ulcers, strains, sprains and injuries. Made from long-fibered Egyptian cotton with properly twisted warp and weave, it has an adequate quantity of cross threads to provide substantial body. The feather edge prevents raveling or cutting by the edges and assures comfortable wear. The stretch is moderate and uniform over the full width of the bandage. Washing restores any elasticity lost in use.

THE ACE

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No. 8 — SKIN-TONE

(Should be compared **ONLY** with rubber reinforced elastic bandages.)

This Ace assures constant elasticity because it is reinforced with "Lastex" yarn. "Lastex" has the efficient qualities of rubber but eliminates the inefficient properties. Therefore, this Ace No. 8 — with "Lastex" has been designed to remain active and useful — comparatively unaffected by dealer storage, perspiration, oils, grease, and other solvents which may shorten the life and reduce the therapeutic value of bandages not reinforced with "Lastex".

* Reg. U. S. Pat. Off.

BECTON, DICKINSON & Co., RUTHERFORD, N. J.

to be known as the Personal Health Services Account. To this account, amounts equivalent to 3 per cent of wages paid after Dec. 31, 1945, shall be credited by the Managing Trustee.

"GRANTS-IN-AID

"The Surgeon General is authorized to administer grants-in-aid to nonprofit institutions and agencies engaging in research or in undergraduate or post-graduate professional education. He shall give preference to grants-in-aid to aid service men seeking post-graduate education as medical practitioners.

"DEFINITIONS

"The term 'general medical benefit' means all necessary services such as can be furnished by a physician engaged in the general practice of medicine, at the office, home, hospi-

tal, or elsewhere, including preventive, diagnostic, and therapeutic treatment and care, and periodic physical examination.

"The term 'special medical benefit' means necessary services, requiring special skill or experience, furnished at the office, home, hospital or elsewhere by a legally qualified physician who is a specialist or consultant with respect to the class of service furnished.

"The term 'laboratory benefit' means necessary laboratory or related services, supplies, or commodities, including chemical, bacteriological, pathological, diagnostic and therapeutic X-ray, and related laboratory services, refractions, and other ophthalmic services furnished by a legally qualified practitioner other than a physician, physiother-

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Potencies 0.5, 1.0, 2.0, 5.0 mg.
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• "Preliminary evaluation of a vitamin A and D ointment in preventing and treating painful and tender postpartum nipples, with and without gross fissures, indicates that results with the vitamin ointment are far better than with other previously used methods and medicaments."

* Brougher, John C.: *West. J.S.O.B.N.*
52:520-521 (Dec.) 1966

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was used in the above study. Also of value for topical treatment of wounds, burns, crushing and avulsive soft-tissue injuries, ulcers. Provides the natural vitamins A and D derived from fish

liver oil in a suitable lanolin-petrolatum base. Supplied in 1.5 oz. tubes, 8 oz. and 16 oz. jars, 5 lb. containers. Ethically promoted—not advertised to the laity.

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White


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apy, special appliances prescribed by a physician, and eyeglasses prescribed by a physician or other legally qualified practitioner.

"The term 'hospitalization benefit' means not less than \$3 and not more than \$7 for each day of hospitalization, not in excess of thirty days, which an individual has had in a period of hospitalization; and not less than \$1.50 and not more than \$4.50 for each day of hospitalization in excess of thirty in a period of hospitalization; and not less than \$1.50 and not more than \$3.50 for each day of care in an institution for the care of the chronic sick. In lieu of such compensation, the Surgeon General may enter into contracts with participating hospitals for the payment of the reasonable cost of hospital service at rates for each day of hospitalization neither less than

the minimum nor more than the maximum applicable rates specified in this subsection, such payment to be full reimbursement for the cost of essential hospital services, including the use of ward or other least expensive facilities compatible with the proper care of the patient: Provided, That such payment may be included in a contract, between the Surgeon General and participating hospital for inclusive services of a participating hospital and its staff and/or its attending staff: Provided further, That such payment shall not affect the right of participating hospitals to require payment from a patient with respect to the additional cost of more expensive facilities furnished for lack of ward facilities or occupied at the request of the patient, or with respect to services not included within a contract."



WEATHER REPORT

Continued hot
and humid

THE ATHLETE'S FOOT SEASON is here!

DESSENEX
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(the undecylenic acid antimycotic)

ointment 1 oz.

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POWDER 2 oz.

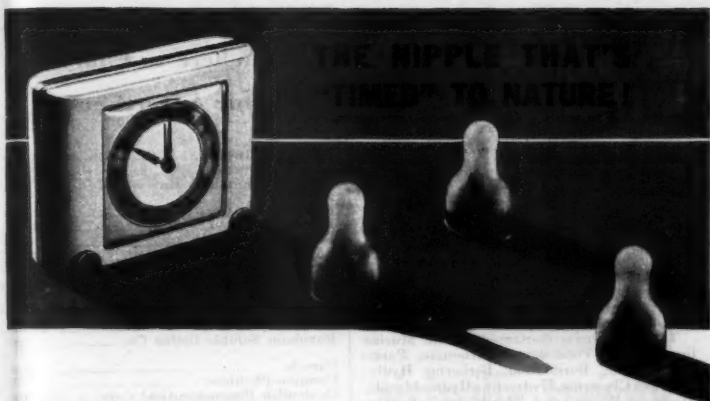
**Sig. — Apply liberally morning and night.
Rub in thoroughly.**

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MOOTHER NATURE knows—and breast-feeding is best. When bottle-feeding is essential, that method can be a satisfactory substitute if the rubber nipple simulates the maternal nipple in every way possible.

One of the important factors in breast-feeding is time. "The usual length of time for feeding, either at breast or from a bottle, is between 10 and 20 minutes." *Children's Bureau, U. S. Dept. of Labor.* "Usually the bottle should require not less than 20 minutes. Babies need to suck." *New York City Committee on Mental Hygiene and the Department of Health of New York City.*

The Davol "Anti-Colic" brand

"Sani-Tab" nipple is constructed to give the baby the "natural" and essential length of time and sucking exercise at each feeding. It encourages the same kind of persistent, coordinated, "muscle-pull" action that the infant uses at the breast. This rhythmic action stimulates the muscles of the jaw, mouth and nose; helps proper formation of jaw and dental arches.

Correct "natural timing" is only part of the story, of course. The treatise pictured below describes many other advantages of this unusual nipple. Written for physicians—17 illustrations, including 6 detailed anatomical drawings. We'd like to send you a complimentary copy. Please use the convenient coupon below.




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Gentlemen: Please send me a complimentary copy of the treatise, *Bottle Feeding in Relation to Infantile Colic and Malformation of the Mouth* at the following address:

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The ingredients contained in the Murine formula are: Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerine, Hydrastine Hydrochloride, Sterilized Water, and 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly) .001%.

Boric Acid is advantageously used in a low concentration (1.4830). A higher percentage, in combination with the other salts present, would cause Murine to be hypertonic to the eye and therefore lose its soothing effect and produce symptoms of mild congestion and irritation.

The ingredients, Potassium Borate and Potassium Bicarbonate, are mildly alkaline and serve as a detergent and mild astringent. They act synergistically with Boric Acid, which is mildly antiseptic.

Glycerine is used for two specific purposes: 1—it adjusts the Murine solution to the exact isotonicity of the tears; 2—it keeps the conjunctiva moist.

Berberine serves a very useful purpose. It has been known for many years that the alkaloid Berberine in alkaline solutions is an effective therapeutic astringent on inflamed and catarrhal conditions of the mucous membrane. The therapeutic effect of Berberine on mucous membrane is supplemented by Hydrastine Hydrochloride. To the above, a 1% solution of 1-1000 of 'Merthiolate' is added since it was found by practical experimental research in our laboratory that this solution was sufficient to inhibit mold growth.

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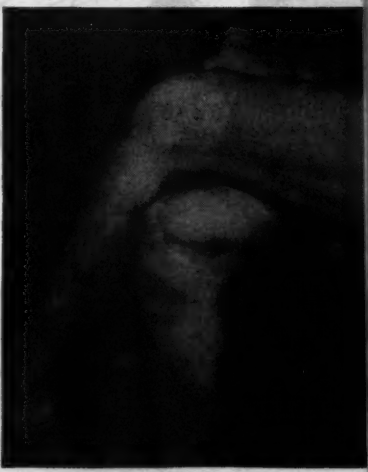
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